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NORFOLK COUNTY COUNCIL

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# Annual Report

of the

COUNTY MEDICAL OFFICER  
FOR 1971

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NORFOLK COUNTY COUNCIL

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# **Annual Report**

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COUNTY MEDICAL OFFICER  
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## PREFACE

The estimated mid-1971 population for the administrative county was 445,910, a decrease of 1,150 on the estimate for 1970 but this reversal of the usual trend is more likely to have resulted from the correction by the census of previous over-estimating than from any real decrease in population as the present year's figures show an excess of 1,700 births over deaths.

However, on the populations allocated there was a decrease of nearly 3,000 in the rural districts, only 5 of the 15 showing any increase. The greatest change by far in the population of any of the county districts occurred in St. Faith's and Aylsham Rural District where there was an *increase* of 3,290 in the population compared with 1970. In the urban districts there was a net increase of 1,480, only the north coastal resorts of Hunstanton, Wells, Sheringham and Cromer showing decreases, ranging from 170 to 310, compared with last year. The greatest change in the urban districts occurred in East Dereham where the population increased by 930 or 11 %. In the municipal boroughs the estimated decrease of 520 in King's Lynn was more than counter-balanced by the increase in Thetford of 830.

The other vital statistics in the report do not call for detailed mention here. They follow the general trend of former years and although the improvement shown in some of the mortality rates last year has not been entirely maintained, the rates are, on the whole, better than the corresponding national statistics. The proportion of deaths from cancer of the lung and bronchus of all cancer deaths dropped slightly but is well above the figure of 10 years ago. There is a similar trend between 1961 and 1971 in the death rate from all forms of cancer which rose from 1.92 to 2.45 per 1,000 population.

The number of live births topped the 7,000 mark in 1971 and although there were slight increases in the various mortality rates of babies, only 7 still births and 2 early neo-natal deaths occurred on the district compared to 10 and 9 respectively last year. Part of the reason for this is, of course, the increasing proportion of hospital confinements which rose from 47 % to 78 % between 1961 and 1971, but it is reasonable to assume that the correct assessment and selection of cases for hospital delivery also played a part. There were no maternal deaths during the year.

As mentioned in the Preface for my annual report for 1970, certain staff and services were transferred to the new social services department on the 1st April, 1971. This was understandably a somewhat traumatic experience and it was with regret that we relinquished responsibility for services which we had developed over the years perhaps in particular our training centre service for mentally handicapped children and adults. However, in spite of this the year was a very busy one with a considerable growth of activity in many directions. In addition to the setting up of numerous co-ordination and co-operation committees in preparation for the impending reorganisation of the National Health Service, and to establish working relationships with the new social services departments, there were developments in many health fields. There was particular activity in planning health centres, due to increasing interest by general practitioners through the Norfolk Executive Council and much time had to be devoted to this aspect of our work. One health centre went to tender early in the year, 3 were being planned at the beginning of the year and 8 new projects were added up to the time of writing this report. Ambulance service reorganisation was a continuing preoccupation throughout the year, while the



inclusion of child health and immunisation records on the computer was another new time-consuming task. Family planning services under the encouragement of the Secretary of State for Social Security were expanded and developed, chiropody services were extended and co-ordinated, while considerable thought had to be given to local proposals for modifying the somewhat cumbersome national arrangements for the recall of women for cervical cytology. Added to this, time had to be devoted to developing the whole, largely untapped, field of health education, and to the review of all our nursing services following the issue of the Mayston Report and the various circulars encouraging the use of enrolled nurses and nursing assistants.

Looming over all these activities was the threat of national health service reorganisation. Unlike the local government reorganisation where following the publication of a White Paper and a Bill, the Local Government Boundary Commission designate issued draft proposals for the new districts (six proposed for the new county of Norfolk), little progress was made at central government level on health service reorganisation apart from publishing the interim report on training by the Hunter Committee. We are still awaiting the main report by the Hunter Committee and the White Paper although they are confidently expected to be published in the summer. Until these documents are issued, and the reports of the various working parties, there is uncertainty about the future shape and functions of the various components of the reorganised health service, and this is having an unsettling effect on staff.

In conclusion, I would again express my thanks to members of the health committee for their continued support and to the voluntary bodies and many others for their contribution towards the health of the community. My thanks are also due to all members of the health department for their loyal support and to the chief officers and staff of other County Council departments for their helpful co-operation at all times.

A. G. SCOTT

Health Department  
County Hall  
Martineau Lane  
Norwich, Nor 48A  
*Telephone:* Norwich 22288

*May, 1972*

# STAFF

## **County Medical Officer and Principal School Medical Officer:**

A. G. SCOTT, M.B., Ch.B., D.P.H.

## **Deputy County Medical Officer and Deputy Principal School Medical Officer:**

I. C. BRANNEN, M.B., Ch.B., M.R.C.P.E., D.P.H.

## **Senior Medical Officers:**

A. N. HUNTER, M.B., Ch.B., D.P.H.

A. S. LINDSAY, M.B., Ch.B., D.P.H.

## **Assistant Senior Medical Officer:**

C. H. B. LAWFIELD, M.A., M.R.C.S., L.R.C.P.

## **County Departmental Medical Officers and District Medical Officers of Health:**

A. AFNAN, L.A.H., D.P.H. (Eng.), M.D., D.L.O. (Teh.) (to 14.2.71)

J. McD. HANLEY, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.

R. D. HARLAND, M.R.C.S., L.R.C.P., D.T.M. & H., D.P.H.

G. R. HOLTBY, M.D., D.P.H., D.I.H.

LYDIA McMURDO, M.R.C.S., L.R.C.P., D.P.H.

L. G. POOLE, M.B., Ch.B., D.T.M. & H., D.P.H.

## **Departmental Medical Officers:**

### **Full-time**

E. J. APPLEGATE, M.B., B.S., D.Obst.R.C.O.G.

R. M. BADMINTON, M.B., Ch.B., D.Obst.R.C.O.G., D.A., D.P.H. (to 8.1.71)

SYBIL E. CATOR, M.B., Ch.B.

MARGARET L. E. CHASTENEY, B.Sc., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G.  
(to 28.7.71)

E. B. PHILLIPS, M.B., B.Ch., B.Sc. (from 1.3.71)

JUDITH C. R. WARDLE, M.B., B.S., D.Obst.R.C.O.G.

KATHERINE B. WORLEY, M.B., Ch.B., D.P.M.

### **Part-time**

MARGARET E. ANDERSON, M.B., Ch.B., M.R.C.O.G.

PAMELA L. C. BAVIN, M.B., Ch.B., D.Obst.R.C.O.G. (from 8.1.71)

J. A. D. BRADFIELD, M.B., B.Ch., B.A.O., D.P.H. (from 17.8.71 to 27.10.71)

CHRISTINE R. COUPLAND, M.B., Ch.B.

ELIZABETH M. ELLIOTT, M.B., B.Ch., B.A.O.

DOROTHEA M. HOOPER, M.B., B.S. (from 23.8.71)

PAMELA HUNTER, M.B., B.S., D.P.H.

BARBARA I. JOHNSON, M.B., Ch.B., D.Obst.R.C.O.G. (from 6.7.71)

MARGARET C. RICHARDS, M.B., B.S.

A. S. ROBERTSON, M.B., Ch.B.

EILEEN M. STEELE, M.B., B.S.

## **Chest Physicians:**

G. F. BARRAN, B.A., M.D.

A. H. C. COUCH, M.D., M.R.C.P., D.C.H.



### **Chief Dental Officer:**

N. J. ROWLAND, L.D.S., R.C.S. (Edin.)

### **Area Dental Officers:**

EDITH P. CHURCHYARD, L.D.S., R.C.S. (Eng.) (from 1.10.71)

J. L. TAYLOR, L.D.S., R.C.S. (Edin.)

A. M. WILSON, T.D., L.D.S., R.C.S. (Edin.)

S. H. WOONTON, L.D.S., R.C.S. (Eng.)

K. J. PRATT, B.D.S., R.C.S. (Eng.) (to 31.8.71)

### **Dental Officers:**

#### **Full-time**

RUTH R. ALLTON, B.D.S. (from 1.11.71)

B. BOYD-COOPER, M.R.C.S., L.R.C.P., L.D.S., R.C.S. (Eng.) (from 3.5.71)

L. W. BROCKHURST, B.D.S. (from 6.9.71)

EDITH P. CHURCHYARD, L.D.S., R.C.S. (Eng.) (to 30.9.71)

IRENE COLLARD, L.D.S.

D. A. DICKIE, B.D.S., L.D.S. (from 6.9.71)

J. GEMMELL, L.D.S., R.F.P.S. (Glas.)

J. D. GULLAN-WHUR, B.D.S., R.C.S. (Eng.) (to 31.8.71)

A. C. McLEOD, L.D.S., R.C.S. (Eng.) (from 1.11.71)

P. J. PEARCE, B.D.S.

FRANCES J. RHODES, L.D.S., R.C.S. (Eng.) (to 10.9.71)

R. SHARP, L.D.S., R.C.S. (Eng.) (from 6.12.71)

MARGARET WILSON, L.D.S., R.C.S. (Edin.)

JUDITH M. WILD, B.D.S. (to 31.10.71)

#### **Part-time**

RUTH R. ALLTON, B.D.S. (from 15.2.71 to 18.6.71)

G. N. W. BOOTH, L.D.S., R.C.S. (Eng.)

DEIRDRE A. CUBITT, B.D.S., R.C.S. (Eng.)

### **Chief Nursing Officer:**

MISS M. WEARMOUTH, S.R.N., S.C.M., H.V.Cert., Q.N.

### **Principal Nursing Officer:**

MISS G. A. THOMPSON, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N.

### **Area Nursing Officers:**

MISS D. M. BURRELL, S.R.N., S.C.M., H.V.Cert., Q.N.

MISS H. M. H. LONGHURST, S.R.N., S.C.M., H.V.Cert., Q.N.

MISS D. M. SIMMONS, S.R.N., S.C.M., H.V.Cert., Q.N.

MISS M. WELLS, S.R.N., S.C.M., H.V.Cert., Q.N.

### **County Public Health Inspector:**

A. J. ALLISON, C.S.I.B., Meat and Food Inspector's Cert.

### **Assistant County Public Health Inspector:**

A. C. COOPER, C.S.I.B.

### **Chief Administrative Officer:**

R. A. G. HARPER

**Chief Ambulance Officer:**

G. A. RABY

**Health Education Officer:**

MISS G. HOOLEY

**Chiropodists:**

L. W. BATTRICK, L.Ch.

J. F. BEVAN, M.Ch.S.

L. EDEN-MORRIS, M.Ch.S.

C. FLEMING, M.Ch.S.

G. E. PENNEY, M.Ch.S.

R. READER-PARKES, M.Ch.S. (from 15.2.71)

I. WOODING, M.Ch.S.

**County Analyst:**

ERIC C. WOOD, Ph.D., A.R.C.S., F.R.I.C.

The undermentioned staff were transferred to the Social Services Department on 1.4.71

**Superintendent Welfare Officer:**

C. J. TAYLOR, M.B.E.

**Deputy Superintendent Welfare Officer:**

D. R. INGHAM

**Area and Senior Welfare Officers:**

A. BOOTHMAN

S. H. BOUGHEN, M.B.E.

J. E. BRADSHAW

J. COWELL

S. J. DODMAN

J. G. FURNESS

C. J. GALLANT

V. C. HALL

W. J. PEACOCK

T. C. PINK

F. L. RAY

B. G. WESBY

**Social Welfare Officers:**

T. J. BROWN

MISS C. B. COOK

H. G. CROTCH

J. H. GILBERT

T. A. GILLHAM

A. K. GOLDSWORTHY

P. M. HARDY

E. J. HARE

D. R. LEE

M. F. MARAIS

G. W. MATTHEWS

F. A. McGLINN

B. F. RUTTERFORD

K. W. RICE

W. W. RYE

E. B. STEWARDSON

**Head Psychiatric Social Worker:**

E. G. HUBBARD

**Mental Health Worker:**

MRS. S. RAINBOW

**Home Teachers for Mentally Handicapped:**

MRS. F. M. CHURCHWARD

MISS J. C. CLAPSON

**Head Teachers—Junior Training Centres:**

MISS T. BYLES  
MISS S. J. GEE

MISS S. M. QUINSEE  
MRS. N. SCRIVEN (to 31.3.71)

**Managers—Adult Training Centres:**

MISS T. BYLES (to 28.2.71)  
P. J. JARROLD

L. J. W. PLANT  
P. R. SINDALL (from 1.3.71)

**Adult Hostel—King's Lynn**

*Warden:* P. CLARK (to 31.3.71)

**Junior Hostel—Old Catton, Norwich**

*Warden:* C. J. ALLISON

**Senior Home Teacher and Visitor for the Blind:**

MRS. K. M. READ

**Home Teachers and Visitors for the Blind:**

MRS. H. ADCOCK  
MISS M. R. CARTER  
MRS. E. M. COOPER

MISS D. H. LETHAM  
MRS. O. OAKLEY (to 27.2.71)  
MISS H. K. PAYNE

**Home Help Organiser:**

MRS. E. I. SEPPINGS

**Senior Assistant Home Help Organiser:**

MRS. A. M. P. HILL

**Assistant Home Help Organisers:**

MRS. W. A. BASSINGTHWAIGHTE  
MRS. P. D. CLAXTON  
MRS. H. D. EASTO  
MRS. G. L. GOWING  
MRS. A. J. JONES  
MRS. A. V. SHELDRAKE

MRS. E. R. SMITH  
MRS. P. A. TAYLOR  
MISS I. S. THOMPSON  
MISS A. P. WEBB  
MRS. F. M. WICKS



# I. STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY

Acreage .. .. .	1,301,014
Population—Estimated by Registrar-General (mid-1971) ..	445,910
Estimated Product of New Penny Rate for General Purposes (1971-72) .. .. .	£148,744
Rateable Value for General Purposes (1st April, 1971) .. ..	£15,243,877

## Live Births

Number .. .. .	7,015
Rate per 1,000 population .. .. .	15.7

<b>Illegitimate Live Births</b> (per cent of total live births) .. ..	6.4
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## Still Births

Number .. .. .	89
Rate per 1,000 total live and still births .. .. .	12.5

<b>Total Live and Still Births</b> .. .. .	7,104
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<b>Infant Deaths</b> (deaths under one year) .. .. .	109
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## Infant Mortality Rates

Total infant deaths per 1,000 total live births .. .. .	15.5
Legitimate infant deaths per 1,000 legitimate live births ..	15.2
Illegitimate infant deaths per 1,000 illegitimate live births ..	20.0

<b>Neo-Natal Mortality Rate</b> (deaths under four weeks per 1,000 total live births) .. .. .	12.3
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<b>Early Neo-Natal Mortality Rate</b> (deaths under one week per 1,000 total live births) .. .. .	10.1
--	------

<b>Perinatal Mortality Rate</b> (still births and deaths under one week combined per 1,000 total live and still births) .. .. .	22.5
--	------

## Maternal Mortality (including abortion)

Number .. .. .	Nil
Rate per 1,000 live and still births .. .. .	—

## Live Births

7,015 live births were registered, giving a rate of 15.7 which was 0.5 higher than for the previous year. With the application of the comparability factor (1.06) the resultant figure is 16.6. The national rate was 16.0.

There were 451 illegitimate live births in 1971, comprising 6.4% of all live births which corresponds with the percentage figure for the previous year.

The distribution of births amongst the county districts is shown in Table 1.

## Still Births

The still birth rate of 12.5 compared with 12.6 for the previous year. The current national rate was 12.

# BIRTHS AND INFANTILE MORTALITY

TABLE 1

County district	Population 30.6.71	Live births			Stillbirths			Deaths of infants under 1 year of age			Deaths of infants under 4 wks. of age			Deaths of infants under 1 wk. of age		
		Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total
MUNICIPAL BOROUGHS																
King's Lynn .. .. .	30,200	474	46	520	7	1	8	5	—	5	4	—	4	3	—	3
Thetford .. .. .	13,630	243	19	262	4	1	5	6	1	7	3	1	4	3	1	4
	43,830	717	65	782	11	2	13	11	1	12	7	1	8	6	1	7
URBAN DISTRICTS:																
Cromer .. .. .	5,290	57	5	62	4	2	6	2	—	2	2	—	2	1	—	1
Diss .. .. .	4,530	68	4	72	1	—	1	—	—	—	—	—	—	—	—	—
Downham Market .. .. .	3,660	58	6	64	1	—	1	—	—	—	—	—	—	—	—	—
East Dereham .. .. .	9,350	127	14	141	1	—	1	—	—	—	—	—	—	—	—	—
Hunstanton .. .. .	3,970	48	5	53	1	—	1	—	—	—	—	—	—	—	—	—
North Walsham .. .. .	6,490	77	8	85	1	—	1	1	—	1	1	—	1	1	—	1
Sheringham .. .. .	4,680	43	1	44	—	—	—	—	—	—	—	—	—	—	—	—
Swaffham .. .. .	4,290	58	5	63	1	1	2	1	—	1	1	—	1	1	—	1
Wells-next-the-Sea .. .. .	2,310	19	2	21	—	—	—	—	—	—	—	—	—	—	—	—
Wymondham .. .. .	8,530	162	10	172	1	—	1	2	—	2	1	—	1	1	—	1
	53,100	717	60	777	11	3	14	6	—	6	5	—	5	4	—	4
RURAL DISTRICTS:																
Blofield and Flegg .. .. .	43,340	609	44	653	6	—	6	12	—	12	9	—	9	7	—	7
Depwade .. .. .	20,250	324	14	338	3	1	4	3	1	4	3	1	4	2	1	3
Docking .. .. .	16,500	200	23	223	1	—	1	2	—	2	2	—	2	2	—	2
Downham .. .. .	24,320	383	21	404	5	—	5	6	—	6	6	—	6	6	—	6
Erpingham .. .. .	18,800	182	16	198	1	1	2	3	1	4	1	1	2	1	1	2
Forehoe and Henstead .. .. .	33,770	478	26	504	2	—	2	4	1	5	4	1	5	4	1	5
Freebridge Lynn .. .. .	14,500	238	10	248	4	2	6	2	—	2	2	—	2	2	—	2
Loddon .. .. .	13,770	205	12	217	1	—	1	5	—	5	4	—	4	3	—	3
Marshland .. .. .	17,380	271	15	286	2	—	2	5	—	5	4	—	4	2	—	2
Mitford and Launditch .. .. .	17,850	231	16	247	3	—	3	9	—	9	8	—	8	6	—	6
St. Faith's and Aylsham .. .. .	60,350	951	53	1,004	12	—	12	8	—	8	5	—	5	3	—	3
Smallburgh .. .. .	19,930	269	18	287	6	—	6	4	1	5	3	1	4	3	1	4
Swaffham .. .. .	10,360	194	17	211	6	—	6	5	—	5	2	—	2	2	—	2
Walsingham .. .. .	17,400	261	18	279	1	—	1	5	2	7	4	2	6	3	2	5
Wayland .. .. .	20,460	334	23	357	5	—	5	10	2	12	8	2	10	6	2	8
	348,980	5,130	326	5,456	58	4	62	83	8	91	65	8	73	52	8	60
ADMINISTRATIVE COUNTY .. .. .	445,910	6,564	451	7,015	80	9	89	100	9	109	77	9	86	62	9	71





Infantile Mortality

There were 109 deaths of children under the age of one year. The resultant rate of 15.5 shows an increase of 0.6 on the previous year, but is lower than the national figure of 18.0.

Eighty-six deaths occurred during the first four weeks of life and, of these, seventy-one took place during the first week.

Perinatal Mortality

The perinatal mortality rate is defined as the number of still births and deaths in infants under one week per 1,000 total live and still births.

The perinatal mortality rate in this county for 1971 (22.5) shows an increase on the figure for 1970 (21.6). The national rate was 22.

The figures compiled in this department, with the place of birth, are given below:

Place of Birth				Still Births	Early Neo-natal Deaths	Total
Home	..	..	..	7	2	9
Hospital	..	..	..	82	72	154
General practitioner unit	..			1	—	1
				90	74	164

Maternal Mortality

There were no maternal deaths.

Deaths

During 1971 there were 5,315 deaths and the death rate (11.9) per 1,000 of the estimated population was 0.2 higher than in the previous year. The application of the comparability factor of 0.86 gives a rate of 10.2. The rate for England and Wales was 11.6.

50% of the deaths were of persons seventy-five years of age or over.

The cancer death rate per 1,000 of the population was 2.45 and the age distribution of deaths was as follows:

	0—	1—	5—	15—	25—	35—	45—	55—	65—	75—	Total
Males	—	1	4	5	5	9	36	136	236	161	593
Females	—	1	1	1	4	14	53	85	161	179	499
	—	—	—	—	—	—	—	—	—	—	—
	—	2	5	6	9	23	89	221	397	340	1,092
	—	—	—	—	—	—	—	—	—	—	—

The following figures show the relation of deaths from cancer of the lung and bronchus to total cancer deaths during the last decade:

Year	Cancer death rate per 1,000 population				Lung and bronchus—% of all cancer deaths
1962	..	..	..	2.03	18.66
1963	..	..	..	2.02	18.12
1964	..	..	..	2.16	20.69
1965	..	..	..	2.11	22.82
1966	..	..	..	2.10	22.57
1967	..	..	..	2.25	22.58
1968	..	..	..	2.26	21.68
1969	..	..	..	2.25	22.08
1970	..	..	..	2.31	25.02
1971	..	..	..	2.45	22.25

There were thirteen deaths from tuberculosis, four due to respiratory forms of the disease.

The following table shows, as percentages of all deaths, the deaths in various age groups during the last twenty years:

Year	Deaths by Age Groups									
	0—	1—	5—	15—	25—	35—	45—	55—	65—	75—
1952	3.8	0.4	0.6	1.1	3.5		17.2		24.7	48.7
1953	3.5	0.6	0.7	1.0	4.3		17.1		24.4	48.4
1954	2.7	0.5	0.7	1.6	2.9		16.4		25.9	49.1
1955	2.4	0.4	0.5	0.9	3.1		16.8		25.7	50.2
1956	2.3	0.4	0.5	1.2	2.8		16.6		25.6	50.6
1957	2.9	0.4	0.5	1.1	2.7		17.8		24.6	50.0
1958	2.5	0.3	0.6	1.2	2.4		17.2		24.8	51.0
1959	2.5	0.4	0.6	0.8	2.7		16.5		25.2	51.3
1960	2.2	0.4	0.5	1.1	2.7		17.9		24.0	51.2
1961	2.6	0.4	0.6	0.8	2.5		16.2		23.5	53.4
1962	1.9	0.2	0.6	1.0	2.3		18.0		24.2	51.8
1963	2.1	0.3	0.4	0.8	0.8	1.8	4.9	12.7	24.2	52.0
1964	2.2	0.2	0.5	1.0	0.8	1.9	4.5	13.0	23.5	52.4
1965	2.1	0.3	0.3	0.7	0.8	1.9	4.4	13.0	25.2	51.3
1966	2.2	0.4	0.5	1.3	0.9	1.7	5.3	12.9	23.2	51.6
1967	2.2	0.4	0.4	0.6	0.7	1.6	5.0	13.1	25.9	50.1
1968	1.8	0.5	0.3	0.8	0.9	1.6	4.2	12.7	24.4	52.8
1969	2.1	0.3	0.3	1.1	0.6	1.5	4.8	12.8	26.3	50.2
1970	1.9	0.3	0.5	1.0	0.6	1.8	4.4	13.1	27.4	49.0
1971	2.0	0.3	0.5	0.8	0.7	1.7	4.2	12.3	27.7	49.8

## II. AREA ADMINISTRATION

In February, Dr. A. Afnan, county departmental medical officer and district medical officer of health, area No. 6, left to take up an appointment in Essex, but in spite of repeated attempts it was not possible to fill the vacancy. Arrangements were therefore made in consultation and by agreement with the Borough and District Councils concerned for the district medical officer of health duties to be carried out by the medical officers in the adjoining areas No. 4 and No. 5 undertaking an additional 1½ sessions weekly. The county departmental medical officer's duties were covered by the appointment of a whole-time departmental medical officer and an adjustment in the apportionment of sessions worked by other full-time and part-time medical officers.

As indicated in my report for 1970, the area organisation of the new Social Services Department was designed to follow the same pattern as that for local health areas. In area No. 3 the Fakenham health office was structurally altered to accommodate the area social services team of administrative, clerical and field staff, while at Thetford the area No. 6 team retained the use of two rooms at the health office with additional accommodation being provided by means of a prefabricated building erected in the grounds at the rear. At Aspland Road, Norwich, (areas 1, 2 and 5) and at Nelson Street, King's Lynn, (area No. 4) the accommodation was neither adequate nor suitable for similar purposes, consequently the area teams were accommodated in entirely separate premises, at Grosvenor House in Norwich and The Granaries, King's Lynn. Social services contact points were also established at the Cromer, Dereham and Downham Market sub-offices.



A comprehensive review of the work done by clerical staff at local health offices relating to functions due to be transferred to the new Social Services Department was carried out by a working party at the beginning of the year and resulted in the transfer at 1st April, of 11 members of my area staff, the majority of whom had previously been largely associated with the day-to-day administration of the home help service or providing clerical assistance to the welfare officers.

The four area nursing officers continued to be based at Aspland Road (2), King's Lynn and Fakenham

Local Health Area	County District Councils	Population (estimated mid-1971)	Area population	Medical Officers' weekly sessions	
				County Council	County District Councils
1	North Walsham Urban .. Blofield & Flegg Rural .. Smallburgh Rural ..	6,490 43,340 19,930	69,760	5½	4½
2	Cromer Urban .. .. Sheringham Urban .. Erpingham Rural .. St. Faith's & Aylsham Rural .. .. .	5,290 4,680 18,800 60,350	89,120	4½	5½
3	East Dereham Urban .. Mitford & Launditch Rural .. .. . Hunstanton Urban .. Wells-next-the-Sea Urban Docking Rural .. Walsingham Rural ..	9,350 17,850 3,970 2,310 16,500 17,400	67,380	3½	6½
4	Downham Market Urban Downham Rural .. Marshland Rural .. King's Lynn Municipal Borough .. Freebridge Lynn Rural ..	3,660 24,320 17,380 30,200 14,500	90,060	4½	5½
5	Diss Urban .. .. Wymondham Urban .. Depwade Rural .. Forehoe & Henstead Rural .. .. . Loddon Rural ..	4,530 8,530 20,250 33,770 13,770	80,850	4	6
6	Thetford Municipal Borough .. .. Swaffham Urban .. Swaffham Rural .. Wayland Rural .. ..	13,630 4,290 10,360 20,460	48,740	(6) In abeyance	(4)



### III. HEALTH CENTRES

There was considerable activity in health centre planning during 1971. Five were under consideration at the beginning of the year, the Norfolk Executive Council putting forward proposals for 5 additional centres during the year and in spite of the detailed discussions required with so many different bodies, real progress was made.

At **Long Stratton** building operations were commenced and discussions with the family doctors continued on the telephone installation, furniture and fittings.

At **Wells-next-the-Sea** the site was purchased, the background statement prepared and, after protracted correspondence and several meetings, local agreement was reached on the schedule of accommodation and the layout. The revised plan is now being considered by the Department of Health and Social Security and approval of the cost limit is awaited.

Two health centres are under consideration at **King's Lynn**.

The one in the **Gaywood** area is more advanced. At the beginning of the year a meeting was held at the Department of Health and Social Security with representatives of the County Council, the Executive Council and the local family doctors to discuss with the officers of the Department the proposed schedule of accommodation and layout. The representatives of the Executive Council and the local doctors pleaded for the inclusion of 6 consulting suites rather than 5 but the Department subsequently ruled that provision should be made in preparing the plans for adding the sixth suite at a later date. Formalities for acquiring a site from the Borough Council were completed early in the year but because of the additional accommodation required compared with original needs, the local doctors asked that consideration be given to purchasing the Fire Station site due to become available later in the year. As the Borough Council were unwilling to extend the site they had sold us, it was decided to proceed with the appropriation of the Fire Station site. This was completed at the end of the year, paving the way for detailed planning of the centre on the basis of the agreed revised schedule of accommodation.

As far as the proposed health centre in the **Central Area of King's Lynn** is concerned, agreement was reached with the practices involved on possible site areas and these are being pursued with the Borough Council.

In **Diss** efforts have been continued to acquire a suitable site and discussions have been initiated with the Executive Council and the local doctors with a view to finalising the schedule of accommodation.

New projects put forward by the Norfolk Executive Council during the year and included in the Health Committee's three-year capital programme, comprise health centres at **Acle**, **Brundall**, **Hemsby**, **North Walsham** and **Stalham**. In the case of all except the last named location, where agreement of all the doctors involved is awaited, the Executive Council is firmly committed to the projects. In each project agreement has been reached with the Executive Council on the number of consulting suites required for family doctors now and in the future and the Regional Hospital Board and other departments (Social Services, Education, Probation and Clerk's for registration purposes) have been approached to ascertain interest in having accommodation in the health centres. Draft schedules of accommodation have been prepared for discussion with the Norfolk Executive Council and local doctors and the quest for suitable sites has commenced, as far as **Acle** is concerned with success.

An indication of the increasing tempo of demand is shown by the fact that since the end of the year the Executive Council has proposed further health centres at two new locations.

## IV. CARE OF MOTHERS AND YOUNG CHILDREN

### Maternity Accommodation

There was a further increase in the proportion of births taking place in hospital to a total of 78% of all births, being 4% greater than in 1970. The table below shows how the proportion of hospital confinements has increased over the past ten years.

Year	Total births	Domiciliary births		Institutional births	
		No.	% of total	No.	% of total
1962	6,165	3,182	52	2,983	48
1963	6,464	3,192	50	3,272	50
1964	6,779	3,184	47	3,595	53
1965	6,809	3,062	45	3,747	55
1966	6,668	2,826	43	3,842	57
1967	6,712	2,539	38	4,173	62
1968	6,823	2,367	35	4,456	65
1969	6,690	1,921	29	4,769	71
1970	6,755	1,741	26	5,014	74
1971	7,004	1,550	22	5,454	78

The Council's domiciliary midwives are requested to assess the circumstances of those applying for a hospital booking on social grounds. 1,206 such cases were assessed, of whom 923 (77%) were recommended for admission and in a further 63 (5%) hospital admission was considered desirable.

There was a fall in the number of cases investigated by midwives for suitability for early discharge, the total being 2,120, including 781 relating to North Walsham and Longacre maternity homes.

### Unmarried Mothers

Financial responsibility for the care of unmarried mothers in mother and baby homes passed to the new social services department on 1st April, 1971. There were 451 illegitimate live births and 9 still births in 1971.

### Care of Premature Infants

During 1971 there were 411 premature live births to mothers normally resident in the administrative County of Norfolk. The analysis of these premature infants and comparable births for the last ten years are given below:

Year	Total Births	Premature infants							
		Born alive		Born in hospital		Born at home or at nursing home		Survived 28 days	
		No.	% of total live births	No.	%	No.	%	No.	%
1962	6,378	347	5.4	212	61	135	39	307	88
1963	6,491	376	5.8	239	64	137	36	329	88
1964	6,804	399	5.9	281	70	118	30	345	86
1965	6,766	378	5.6	288	76	90	24	323	85
1966	6,618	380	5.7	267	70	113	30	340	89
1967	6,770	341	5.0	246	72	95	28	299	88
1968	6,807	376	5.5	270	72	106	28	339	90
1969	6,690	402	6.0	308	77	94	23	352	88
1970	6,755	405	5.9	330	81	75	19	369	91
1971	7,004	411	5.9	352	86	59	14	363	88



The number of premature births again increased slightly during the year but as total births had also increased the proportion of total live births remained the same as last year at 5.9%. A higher percentage (86%) of the premature births were born in hospital than ever before, though there was a slight fall in the percentage of premature infants who survived the neonatal period.

There has been no change in the arrangements whereby premature infants born at home are conveyed to hospital in portable incubators provided from King's Lynn and Norwich by the hospital special care units. These incubators can be plugged into special electrical sockets fitted in all county ambulances and arrangements are also made with the West Suffolk and Great Yarmouth authorities for similar facilities to be provided where needed in parts of the county adjacent to them.

### **Ante-Natal and Post-Natal Arrangements**

No ante-natal or post-natal clinics are provided by the Council but midwives are encouraged to attend general practitioner clinics and to co-operate with family doctors in providing ante-natal care.

### **Parentcraft Classes**

The teaching of parentcraft to expectant mothers and fathers has continued through the year, instruction being given by domiciliary midwives and health visitors.

These classes were held in thirty-nine centres and there were 9,792 attendances. 1,636 expectant mothers attended of whom 557 were booked for domiciliary confinement.

The course comprises nine sessions, one class being a joint session for both parents.

The programme gives instruction in relaxation and exercises and includes the following talks and demonstrations:

1. Psychological approach and family adjustment.
2. Diet.
3. Maintenance of general health.
4. Physiology of pregnancy and labour.
5. Advice on clothing and nursery requisites.
6. Care of baby.
7. Use of analgesics.
8. Post-natal care and family planning.

A slight decline in the numbers attending may be due to an increase in the number of patients booked for hospital delivery and attending classes at the hospital.

### **Child Health Clinics**

Five centres were closed during 1971 because of poor attendances, six new ones were opened and one additional R.A.F. clinic was included in the Council's scheme for the first time. 157 centres were in operation at the end of the year including six R.A.F. clinics.



## DEATHS BY AREAS AND AGE GROUPS

TABLE 2

[illegible]





The numbers of children who attended were as follows:

Born in 1971 .. .. .	4,931
Born in 1970 .. .. .	3,782
Born in 1966-69 .. .. .	3,791
Total .. .. .	12,504
Total attendances .. .. .	66,301

300 children were referred by clinic medical officers for further investigation and treatment of conditions other than minor ailments.

The table below shows the numbers of children attending and the numbers of attendances at these clinics over the past five years:

	1967	1968	1969	1970	1971
Number of children attending .. ..	12,866	12,348	11,746	12,194	12,504
Attendances ..	58,599	56,680	59,153	62,159	66,301

There has been a further increase in the number of children attending child health clinics of 310 or a 2½% increase on last year's figures. Attendances have also been more frequent. This increase is again mainly in the first year of life.

A further four members of our medical staff attended the course in developmental paediatrics at Addenbrooke's Hospital, Cambridge, and most of our staff will have undertaken this course by next year.

Modifications were made to the recently introduced child health card to take account of the computer system and the opportunity was taken at the same time to have the cards printed in the same colours as the school health cards. A computer print out was also affixed to the child health card to save clerical time in entering details on the front of the card.

A limited survey of work done in child health clinics during the month of November showed that about 25% of clinic working time continues to be spent on immunisations, while a further 33% of the time was spent on routine developmental examinations. More than 20% was spent on clinical examinations arising from mothers seeking advice on specific problems. This survey also showed that even if all the time at present devoted to developmental examinations were allocated to the examination of "observation" children it would not be possible to undertake more than two examinations of these children in the first year and less in succeeding years. As these examinations are popular with all mothers, the dilemma of allocation of resources is a real one and it may be that only a pilot scheme will help to resolve this problem. Mothers have always been able to seek advice on minor problems at a time of their own convenience at these clinics, in a social atmosphere, and it is desirable to retain this type of service so far as possible.

Two of the new clinics opened during the year were housed in new community centres with better facilities for staff and certain other clinics have moved into more modern premises. This trend towards improved accommodation, so much needed, will gain momentum with the introduction of health centres and will help to make possible the extension of the clinical work undertaken in the clinics, particularly in the field of developmental medical examinations.



Welfare Foods

The following proprietary brands are normally available under the Council's scheme and were being sold at the following prices (cost plus 10 % handling charge) at the end of the year:

Cow and Gate Full Cream	..	..	..	26½p per packet
Ostermilk No. 2	..	..	..	26½p per packet
Humanised Trufood	..	..	..	34½p per packet
S.M.A. (Milk Food)	..	..	..	37½p per packet
Virol	..	..	..	12½p per small carton
				20½p per large carton

The amounts of these preparations ordered for distribution to local health offices during the past five years have been as follows:

Year	Cow and Gate (1 lb.)	Ostermilk (1 lb.)	Trufood (1 lb.)	S.M.A. (1 lb.)	Virol (Cartons)
1967	14,129	54,622	480	3,240	948
1968	23,270	53,208	408	2,976	1,140
1969	28,536	43,920	480	3,180	936
1970	34,656	26,544	300	3,216	900
1971	33,288	18,240	564	2,424	468

The quantities of all proprietary brands of milk foods distributed during each of the past five years were as follows:

1967	..	..	..	..	..	..	..	72,471 packets
1968	..	..	..	..	..	..	..	79,862 packets
1969	..	..	..	..	..	..	..	76,116 packets
1970	..	..	..	..	..	..	..	64,716 packets
1971	..	..	..	..	..	..	..	54,516 packets

National welfare foods are available from local health offices, child health clinics and 78 voluntary distribution centres.

The Government's decisions on new arrangements for the provision of these foods under the national scheme were implemented by a Welfare Foods Order which came into operation on the 4th April, 1971. From that date the provision of welfare milk at the reduced price for expectant mothers and young children ceased but entitlement to free milk and foods was extended. National dried milk thus ceased to be available to certain beneficiaries at the subsidised price of 11½p per packet and is now supplied either in exchange for free tokens or at the full price of 20p.

At the same time it was announced that cod liver oil and orange juice were to be replaced by vitamins A, D and C drops for children and a reconstituted vitamins A, D and C tablet for mothers. The children's vitamin drops were made available in April when cod liver oil ceased to be supplied as a welfare food, although existing stocks continued to be sold at the full price of 5p per bottle. The new vitamin tablets for mothers had not been introduced however by the end of the year and orange juice continued to be supplied, in addition to the existing vitamin A and D tablets.

Issues of national welfare foods during the last five years have been as follows:

Year	National Dried Milk (Cartons)	Cod Liver Oil (Bottles)	Vitamin Tablets A and D (Packets)	Orange Juice (Bottles)	Vitamin Drops A, D and C (Bottles)
1967	25,907	4,356	6,548	79,763	—
1968	24,642	4,325	6,189	80,869	—
1969	19,941	3,742	6,238	90,169	—
1970	10,394	3,152	6,780	91,511	—
1971	9,240	1,884	4,308	77,630	8,582

Dental Treatment

The Chief Dental Officer reports:

“Pre-school children and expectant and nursing mothers were treated throughout the county in our clinics during normal school dental sessions. The equivalent of 94 sessions was devoted to this category of patient.

The year showed a welcome increase in the number of pre-school children inspected and the number of teeth that were saved by filling. At the same time there was a slight increase in the number of extractions but this could be expected, representing as it did, a proportion of the time involved in the extra number of visits and consequent work done.

Of the pre-school children inspected, 61 % required treatment.

Exactly the same number of mothers (46) were seen for a first inspection as in 1970 and curiously enough the same number of visits for treatment were made. Approximately the same volume of treatment was carried out for them.

I am grateful to the nursing staff and family medical practitioners who referred patients. I would emphasise once again the importance of dental inspections for toddlers and expectant and nursing mothers.

The fact that pre-school children are eligible for inspection and treatment at local authority clinics was printed on school dental service consent forms for the attention of mothers and it is felt that the measure has already encouraged more young children to seek a dental inspection.”

Inspections, Attendances and Treatment	Children 0-4 (inclusive)	Expectant and Nursing Mothers
Number of patients given first inspections during year .. .. .	469	46
Number of patients who required treatment	286	43
Number of patients who were offered treatment .. .. .	282	43
Number of patients re-inspected during year .. .. .	48	1
First visit .. .. .	282	53
Subsequent visits .. .. .	246	101
Total visits .. .. .	528	154
Number of additional courses of treatment other than the first course commenced during year .. .. .	25	3
Number of fillings .. .. .	619	165
Teeth filled .. .. .	579	149
Teeth extracted .. .. .	248	51
General anaesthetics given .. .. .	97	5
Emergency visits by patients .. .. .	32	5
Patients X-rayed .. .. .	4	11
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis) ..	19	18
Teeth otherwise conserved .. .. .	151	—
Crowns .. .. .	—	2
Number of courses of treatment completed during the year .. .. .	293	39

Prosthetics

Number of dentures supplied .. .. 12

Anaesthetics

General anaesthetics administered by dental officers .. .. 54



Nurseries and Child-Minders Regulation Act, 1948

Responsibility for the registration of nurseries and child-minders under this Act, as amended, was transferred to the new social services department towards the middle of the year. The following table gives the position at the end of June, 1971, shortly after transfer, compared with the position at the end of the preceding five years:

Persons and Premises on Register at end of year				
Year	No. of Premises	No. of Children	No. of Persons	No. of Children
1966 ..	36	756	37	344
1967 ..	52	1,148	39	400
1968 ..	85	1,812	46	472
1969 ..	93	1,960	117	531
1970 ..	118	2,582	176	670
1971 (at June)	126	2,667	188	715

It will be seen that the numbers of persons and premises registered as well as the number of places available continued to increase during the first half of the year. Eight additional playgroups have provided 85 new places and 12 new registered childminders, a net increase of 45 places.

The new scheme to assist parents of children with special needs, to enable them to attend suitable playgroups, continued during 1971. A total of 19 children were notified during the first six months of 1971 as coming into the special need categories as follows:

- (a) Those with only one parent who has no option but to go out to work and who cannot arrange for the child to be looked after satisfactorily .. .. . 6
- (b) Those who need temporary day care on account of the mother's illness .. .. . Nil
- (c) Those whose mothers are unable to look after them adequately because they are incapable of giving young children the care they need .. .. . 4
- (d) Those for whom day care might prevent the breakdown of the mother or the break-up of the family .. .. . 3
- (e) Those whose home conditions (e.g., because of gross overcrowding) constitute a hazard to their health and welfare .. 1
- (f) Those whose health and welfare are seriously affected by a lack of opportunity to play with others .. .. . 3
- (g) Child handicapped:
  - (i) Mentally .. .. . 1
  - (ii) Physically .. .. . 1



As anticipated it was not possible to provide suitable day care with registered playgroups or child-minders for all these children. However, it is gratifying to note that a large proportion of those who acknowledged our correspondence were placed. The results were as follows:

Placed with suitable group or child minder	..	..	..	..	11
Placed on waiting list	..	..	..	..	1
Parent(s) not replied to our letter	..	..	..	..	1
Not eligible for assistance	..	..	..	..	2
Reply pending	..	..	..	..	1
Not placed	..	..	..	..	2
Application withdrawn	..	..	..	..	1

Although the social services department now undertake this duty, the health visiting staff of the health department are continuing to be involved with the supervision of playgroups for the present and the co-operation of the staff of both departments has ensured a smooth transition.

### Family Planning

The Family Planning Association continued to act as the Council’s agent in the provision of clinic services at Cromer, Dereham, Fakenham, King’s Lynn and Thetford. The National Family Planning Agency Scheme, Application No. 6, came into operation on 1st April, 1971. Under this scheme free service is provided to any woman whose health, in the opinion of the examining doctor, would be expected to suffer by the increased mental, physical or social burden placed on her by a pregnancy. An agreed national capitation fee is provided under this scheme. As anticipated the number of cases assisted in this way increased by 83 % during the year to a total of 308 cases, 263 of whom occurred after the introduction of the national scheme.

Circular 36/71, from the Department of Health and Social Security, emphasised the Government’s belief that family planning can often improve the quality of domestic life, prevent the unhappiness that unwanted pregnancies can cause and reduce the need for abortion. All local authorities were asked to review their provision with a view to developing this service to the extent that resources permit. This Council has accepted proposals for the extension of existing family planning services in the county to include a directly administered domiciliary family planning service free of charge. Subject to consideration of a further report, it was agreed in principle to provide an entirely free advice and examination service.

### Phenylketonuria

There was no change in the arrangements for the screening of all infants for this condition by means of the Guthrie test. The test specimens are forwarded directly to the Regional Screening Laboratory at the Ida Darwin Hospital, Fulbourn, Cambridge. As mentioned elsewhere arrangements were made to introduce a check system through the computer, to ensure that all children are tested so far as possible.

One case of phenylketonuria was detected during the year and treatment promptly instituted.

Infant Methaemoglobinaemia

As in previous years, water supplies from wells and bores have been examined for nitrate content where their use was proposed for bottle-fed babies. Samples are submitted prior to the birth of the child and where the results are unsatisfactory, the parents are advised to use mains water or a nearby alternative supply which on investigation is found to be satisfactory from a nitrate point of view. In twenty-five cases, advice to use an alternative source was given.

The simplified form of examination was continued in the health department and borderline results were submitted to the Public Analyst for a more detailed examination. The following is the standard the department has used for many years—

Waters regarded as safe .. ..	Nitrate content under 20 p.p.m.
Waters regarded as doubtful .. ..	Nitrate content 20/40 p.p.m.
Waters regarded as unsafe .. ..	Nitrate content 40/80 p.p.m.
Waters regarded as dangerous .. ..	Nitrate content over 80 p.p.m.

No case of infant methaemoglobinaemia occurred during the year.

The following table summarises the sample examination position during the year:

Original Supplies

Samples submitted by district nurse or health visitor .. ..	119
Samples classified as satisfactory .. .. .	85
Samples classified as unsatisfactory .. .. .	22
Samples classified as doubtful and referred to the Public Analyst for more detailed examination .. .. .	12
Samples classified by Public Analyst as satisfactory .. ..	9
Samples classified by Public Analyst as unsatisfactory .. ..	3

Alternative Supplies

Samples submitted by public health inspector from alternative supplies .. .. .	Nil
Samples classified as satisfactory .. .. .	Nil

The “At Risk” Register

This register continued to operate unchanged to the end of October. While there has been considerable disenchantment with the “at risk” concept in many quarters, there does seem to be a need to allocate resources on a selective basis. It was for this reason that the “at risk” register was replaced by our “observation” register when the computer system of child health records was introduced. A total of 1,599 children were placed on the “at risk” register up to the end of October representing only 27% of the total births during this period, a much smaller percentage than in the previous year. The total number on the register at the end of this period was 4,173. As in 1970, 22% of the children due for review were seen by a medical officer at a child health clinic, 18% at clinics run by the health visitors themselves, and the remaining 60% were seen at home by the health visitors. Only 25 children were not seen at all. It would be interesting to determine whether the response to a formal appointment system might be similar.

This register will be phased out as the new observation register maintained by the computer system expands. A brief outline of this system is made elsewhere in this report.



Congenital Malformations

There has been no change in the scheme for notification of all congenital malformations to the Office of Population Censuses and Surveys.

Congenital malformations detected at birth in 1971 were as follows:

Congenital Malformation						Live Births	Still Births
Talipes	..	..	..	..	..	23	3
Congenital dislocation of hip	..	..	..	..	..	25	—
Hydrocephalus, spina bifida	..	..	..	..	..	11	7
Anencephaly, microcephaly	..	..	..	..	..	—	10
Cleft palate and cleft lip..	..	..	..	..	..	17	1
Defects of alimentary system	..	..	..	..	..	7	1
Defects of genito-urinary system	..	..	..	..	..	9	1
Congenital heart disease..	..	..	..	..	..	14	—
Mongolism	..	..	..	..	..	8	1
Other defects	..	..	..	..	..	56	9
Totals	..	..	..	..	..	170	33

There has been a decrease in the total number of malformations from the previous year though the number of children in whom these malformations occurred is only slightly reduced by two at 157.

During the year the medical statistician of the Office of Population Censuses and Surveys drew our attention to slight increases during the first part of the year in the malformations reported under the categories of hydrocephalus and specified malformations of heart and circulatory system.

By the end of the year, however, the figures for hydrocephalus were actually less than in 1970 and those for specified malformations of the heart and circulatory system showed only a slight increase.

The “Battered Baby”

The arrangements set out in last year’s report for ensuring close consultation and co-ordination between the various agencies concerned with child health and welfare, where there is reason to suspect physical injury to infants, have operated satisfactorily on a fairly informal basis during the year. The consultant paediatrician has the responsibility for initiating the conference procedure at the appropriate hospital, when the diagnosis is made there, while senior officers of the health and social services departments can ask for a conference or for review of cases whenever reports obtained from their respective staff indicate that this is necessary. Ten conferences were called at the two main hospitals in the county during the year and these have proved most valuable to everyone. It has always been possible to arrive at an agreed course of action and supervision when necessary.

Information is also exchanged in all doubtful cases occurring in the community, where hospital follow-up is neither practical nor desirable, so that all are alerted to the danger to the child. There is no doubt that the conference system has established personal contacts and influenced attitudes, so that the experience of all concerned has been extended, and a greater understanding obtained of the problems involved.

It has been agreed that in the absence of any standard record for these cases no formal annual review should be undertaken.



## Computer System

It was agreed towards the end of 1970 to proceed with the introduction of a computer system for dealing with certain aspects of child health records including immunisation and vaccination. Accordingly a team was formed to consider the details of such computer applications, comprising the senior medical officer and administrative officer of the health services section, together with the systems analyst and senior programmer of the computer department. Staff of the city health department joined in the early discussions with a view to considering a common system. While this did not prove possible useful results were obtained, including a common immunisation schedule and common birth notification data, which enabled the county authority to go ahead with the following system:

### 1. IMMUNISATION AND VACCINATION

The aim was to produce a system which was simple in application, allowing flexibility within the schedule of immunisation recommended by the Standing Medical Advisory Committee for the Central Health Services Council. It was recognised that in a rural county like Norfolk, it is not always possible for patients to reach the doctor's surgery at a fixed time because of transport limitations. It was therefore decided as a matter of principle to provide an alternative to the customary appointment system, namely a reminder system, for those doctors who preferred to carry out their immunisations during ordinary surgery hours, rather than at special immunisation sessions.

Special meetings were arranged at the Thetford, Fakenham, King's Lynn and County Hall offices, to which all doctors were invited, to discuss the proposals, obtain any necessary clarification, and to make their own comments on the system. As a result certain amendments were made to the main form. After circulation to all doctors the response was excellent. 93% of all doctors based in Norfolk agreed to participate, only six doctors choosing to opt out. Many doctors based outside the county but with patients in it also agreed to participate. It is hoped that in time something approaching 100% of all doctors will join in. 30% of these doctors chose the appointment system and 70% the reminder system. The system will apply only to those children born after 1st November, 1971.

Additional applications of the computer were agreed as follows:

### 2. OBSERVATION REGISTER

This register will replace the existing "at risk" register from which it will differ in two important respects:

- (a) Children can be added to the register at any time whenever circumstances arise which seem to justify observation.
- (b) The decision on the frequency of visits is made by either the medical officer or health visitor.

Birthday reviews are continued if no time is specified, until the child is removed from the register. Staff are thus assisted in allocating priorities in their work and are reminded to undertake review at a time of their own choosing.

### 3. HEARING ASSESSMENT

Health visitors will be reminded when children on their list become due for a routine hearing test. The result of these tests can be analysed quickly for statistical purposes.

4. GUTHRIE TEST

In view of the infrequent occurrence of phenylketonuria it is most important to ensure that all children are tested in order to avoid missing the odd case which does occur. A system has therefore been devised whereby the computer provides a reminder if there is no record of the test being done, or a result received by the age of six weeks.

The introduction of this system has naturally required considerable adjustment by the nursing and clerical staff to a new way of doing things, and changes in the clerical staff of the health services section during this period has placed an extra strain on those concerned who are therefore to be congratulated that the transition so far has been accomplished relatively smoothly.

V. NURSING STAFF

The staffing situation at the end of the year was as follows:

						Whole-time	Part-time
<i>Supervisory Staff</i>							
Chief nursing officer	..	..	..	..	..	1	—
Principal nursing officer		..	..	..	..	1	—
Area nursing officers	..	..	..	..	..	4	—
						6	
<i>Other Staff</i>							
Midwifery only	..	..	..	..	..	20	1
Midwifery and home nursing	..	..	..	..	..	66	6
Midwifery, home nursing and health visiting					..	6	—
Midwifery, home nursing, health visiting and school nursing	..	..	..	..	..	17	—
Home nursing only—							
S.R.Ns. (female)	..	..	..	..	..	23	8
S.R.Ns. (male)	..	..	..	..	..	5	—
S.E.Ns.	..	..	..	..	..	3	1
Health visiting and school nursing	..	..	..	..	..	44	1
School nursing only	..	..	..	..	..	1	—
Tuberculosis health visiting only		..	..	..	..	1	—
						186	17

At the end of 1971 there were four vacancies as follows:

Midwifery	..	..	..	..	..	1
Midwifery and home nursing	..	..	..	..	..	2
Health visiting and school nursing	..	..	..	..	..	1
						4

1971 brought many changes to the nursing staff in Norfolk, both in administration and in the work of the field staff.

Administration

The report of the working party on management structure in the local authority nursing services (Mayston) was discussed with officers from the Department of Health and Social Security and the recommendations for top and middle management were accepted by the health committee as from 1st April. It was interesting to note that arrangements in the county had anticipated to a considerable extent the recommendations contained therein.



The Superintendent Nursing Officer in post carrying out a full top management role was re-designated Chief Nursing Officer, the Deputy Nursing Officer carrying out intermediate level management was re-designated Principal Nursing Officer with special responsibility for training, and the four Assistant Superintendent Nursing Officers carrying out middle management duties were re-designated Area Nursing Officers.

**Field Staff**

Attachment to general practice has been implemented in five out of the six local health areas.

Every encouragement is given to foster closer working relationships in the team and, in some instances, this has encouraged doctors to conduct ante-natal clinics with the help of the midwives, “well-baby” clinics with the health visitors, and the district nursing sisters have been encouraged to use the surgery premises to treat those of the patients able to attend the surgery.

While the advantages of these schemes are usually apparent to the family doctors, nursing staff often have reservations about them but tribute must be paid to the staff who have accepted this change in their working conditions, in some cases after many years of working in a geographical area for a variety of doctors.

**Committee on Nursing**

We were pleased to welcome a group of members of the Asa Briggs Committee on Nursing to the county on 1st August, when administrators, health visitors, district nurses and midwives were given the opportunity to express their views to the committee.

**Study Days**

On 20th May, the Chief Dental Officer kindly invited health visitors to join his staff at their study day to hear Mr. H. Colin Davis—Director of Oral Hygiene—who spoke on “Communications”.

On 12th October a study day was held in County Hall, the speakers being:

Dr. D. W. Evans, Consultant Cardiologist, East Anglian Regional Hospital Board and United Cambridgeshire Hospitals.

“Some Aspects of Heart Disease in Childhood”.

Mr. D. R. Armstrong, Company Representative, P. J. Reynolds Limited.  
“The Pacemaker”.

Mr. J. A. Carron-Brown, Consultant Obstetrician and Gynaecologist, United Norwich Hospitals.  
“Monitoring the Foetal Heart”.

**Courses Attended**

Chief Nursing Officer	..	..	Senior Advanced Management Course.
Area Nursing Officer	..	..	Middle Management Course.
Area Nursing Officer	..	..	Supervisor of Midwives Course.

Staff attended refresher courses as follows:

Health Visitors	..	..	..	8
Midwives	..	..	..	29
District Nurses	..	..	..	7
State Enrolled Nurses	..	..	..	2 Regional Hospital Board Seminar.

The courses were greatly appreciated by the staff who attended, and most interesting reports were received and published in the quarterly bulletin.



**Hospital Student/Pupil Nurse visits with Local Authority Staff**

During the year 180 student nurses and 39 pupil nurses each spent one day with the domiciliary nursing staff.

Three nurses taking integrated nurse training spent one week living and working with a district nurse/midwife/health visitor.

**Telephone Answering Machines**

A further ten “Ansafones” were provided during the year bringing the total to 30. This has improved the service, not only for the doctors and patients, but has facilitated arrangements for the transfer of cases from hospital to domiciliary care.

**Houses for Midwives and Home Nurses**

Details of housing accommodation provided by the Council and used for full-time permanent nursing staff at the end of the year are as follows:

Houses owned by the Council	..	..	..	..	..	..	47
Houses hired by the Council	..	..	..	..	..	..	12

Sixteen of these houses were furnished by the Council in whole or part.

Seventy-seven members of the staff provided their own accommodation.

The policy of building houses for nurses has been discarded because of the changing needs of geographical areas. When a nurse is unable or does not wish to provide her own accommodation and the district council is unable to assist, a suitable property is purchased. It was not necessary to purchase any property in 1971.

The practice of allowing nurses to vacate purpose built houses in favour of their own accommodation if so desired was continued in 1971. By this arrangement quite a number of houses are rendered surplus to immediate requirements. No houses were disposed of in 1971 lest they be required for the present nurses’ successors. They were however offered for the temporary use of local authority staff at subsidised rentals or to members of the public at more economic rentals.

The following are details of those houses not occupied by district nurses at the end of the year:

Number of houses occupied by staff other than district nurses	..	..	3
Occupied by members of public	..	..	9
Unoccupied but posts being advertised	..	..	3
Unoccupied and surplus to immediate requirements	..	..	4
			—
			19
			—

**Transport**

Staff in the nursing service, apart from supervisory staff and full-time health visitors, are given the choice of providing their own cars or using County Council owned vehicles.

The fleet of Council owned vehicles numbered 67 at the end of 1971.

In 1970 it was decided to purchase Renault 4 estate cars for this purpose, superseding the previous policy of providing mini vans. Ten Renaults were purchased in 1971 but all efforts to purchase a further six failed due to the demand for these vehicles exceeding the supply in this country.

It was therefore decided to purchase six Ford Escort cars and these are expected to be delivered early in 1972.

## VI. MIDWIFERY

Twenty whole-time and one part-time staff were employed solely on midwifery duties at the end of the year, together with ninety-five midwives (six of whom were part-time) who also undertook other nursing duties, making the whole-time equivalent 50.7.

### Training of Student Midwives

The Part II midwifery training schools at the Norfolk and Norwich and the West Norfolk and King's Lynn General Hospitals have seconded twenty students for three months domiciliary experience, three being from King's Lynn and seventeen from Norwich.

### Supervision of Midwives

The County Council is responsible for the general supervision of midwives practising within the administrative county and this duty is undertaken by the Council's supervisory nursing staff, acting as non-medical supervisors. At the end of the year the numbers of midwives who had notified their intention to practise were as follows:

#### *Institutional*

Hospitals .. .. .	51
Nursing homes .. .. .	3

#### *Domiciliary*

Local health authority .. .. .	123
Private practice .. .. .	2

### Deliveries attended by County Council Midwives

Comparative figures for the past three years are as follows:

	1969	1970	1971
Midwifery/maternity cases (doctor not present) .. .. .	945	931	788
Maternity cases (doctor present) .. .. .	757	699	601
	<hr/> 1,702 <hr/>	<hr/> 1,630 <hr/>	<hr/> 1,389 <hr/>

Number of patients booked for hospital and discharged <i>before</i> 48 hours .. .. .	1,619
Number of patients booked for hospital and discharged <i>after</i> 48 hours .. .. .	1,375
Number of patients not booked but delivered in hospital and discharged <i>before</i> 48 hours .. .. .	354
Number of patients not booked but delivered in hospital and discharged <i>after</i> 48 hours and before ten days .. .. .	172

The Council's midwives paid the following visits to maternity cases:

Ante-natal .. .. .	35,907
During labour .. .. .	4,170
Post-natal .. .. .	45,326

In addition, 498 visits were paid to 101 cases who miscarried.

### Births

The number of births during the year to women normally resident in the authority's area has increased and the table below sets out the births notified under the Public Health Act, 1936, as adjusted by notifications transferred into or out of the area:



	1969			1970			1971		
	Domiciliary	Institutional	Total	Domiciliary	Institutional	Total	Domiciliary	Institutional	Total
LIVE BIRTHS									
Actual	1,913	2,300	4,213	1,743	2,317	4,060	1,543	2,443	3,986
Adjusted	1,911	4,689	6,600	1,731	4,936	6,667	1,541	5,373	6,914
STILL BIRTHS									
Actual	9	22	31	10	23	33	8	28	26
Adjusted	10	80	90	10	78	88	9	81	90
TOTAL									
Actual	1,922	2,322	4,244	1,753	2,340	4,093	1,551	2,471	4,012
Adjusted	1,921	3,769	6,690	1,741	5,014	6,755	1,550	5,454	7,004

## VII. HEALTH VISITING

At the end of the year, forty-five whole-time health visitors (including one tuberculosis health visitor) and twenty-three nurses also undertaking midwifery and home nursing duties, were employed. Of these, sixty-one were also acting as school nurses.

The figures below summarise the visits made by health visitors during the past three years:

	1969	1970	1971
Children under 1 year .. .. .	6,833	7,322	7,150
Children 1-2 years .. .. .	7,540	7,982	6,884
Children 3-5 years .. .. .	12,901	13,228	12,315
Total number of children aged 0-5 years visited .. .. .	27,274	28,532	26,349
Total number of visits made to children 0-5 years .. .. .	99,378	98,578	98,501
Number of persons aged 65 or over visited .. .. .	1,084	1,144	1,221
Number of visits paid to persons aged 65 or over .. .. .	4,992	5,483	4,716
Number of persons visited between 5 and 65 years .. .. .	598	540	680
Number of visits paid to persons between 5 and 65 years .. .. .	1,330	1,301	1,450
Number of families with special problems including infectious disease .. .. .	305	463	482
Number of visits to families with special problems including infectious disease	2,132	2,584	2,275
Visits to child minders, playgroups and nurseries .. .. .	474	452	513



Training

Four students commenced health visitor training in 1971 with financial assistance from the County Council. The three students sponsored in 1970 completed their training and were employed by the Council at the end of the year on whole-time health visiting duties.

Student Health Visitors

Health visitor training centres seconded four of their students for rural experience, one spending two weeks and three spending one week with county health visitors.

Health Visitor Training

This year we were pleased to co-operate with Ipswich Civic College in the field work instruction of one health visitor student.

VIII. HOME NURSING

Thirty-one whole-time and nine part-time staff were employed exclusively on home nursing duties at the end of the year together with ninety-five nurses (six of whom were part-time) who also undertook other nursing duties.

The work carried out over the last three years is summarised below:

	1969			1970			1971		
	First Visits	Fur-ther Visits	Total	First Visits	Fur-ther Visits	Total	First Visits	Fur-ther Visits	Total
Patients under 5 years ..	338	1,281	1,619	413	1,326	1,739	472	980	1,452
Patients aged 5-64 years ..	3,228	38,179	41,407	2,935	37,212	40,147	2,633	35,090	37,723
Patients aged 65 years or over .. ..	6,634	130,406	137,040	6,320	145,670	151,990	5,989	140,175	146,164
Number of treatments given in doctors surgery ..	—	—	—	—	—	—	—	—	9,424
TOTALS ..	10,200	169,866	180,066	9,668	184,208	193,876	9,094	176,245	194,763

District Nurse Training Course

Two courses were held during 1971 and the ten nurses from Norfolk who undertook training were successful in obtaining the certificate of the Department of Health and Social Security.

Students from other authorities—namely one from Norwich, six from East Suffolk, two from Great Yarmouth and four from Ipswich took their theoretical training in Norfolk and were also successful in obtaining the certificate.

Thanks are due to the consultants, hospital staff, general practitioners and officers of other disciplines who have co-operated over the years to make these courses so successful.

## IX. VACCINATION

### Childhood Protection Schemes

The main change during 1970 was the removal of smallpox vaccination from the schedule of childhood protection and accordingly no figures are quoted.

Comparative figures for the past five years are as follows:

### Diphtheria Vaccination

Year	Primary Course			Total	Re-inforcing doses		
	Under 1 year	1-3 years	4-15 years		1-3 years	4-15 years	Total
1967	.. 2,518	3,278	540	6,336	2,980	6,293	9,273
1968	.. 2,133	3,282	262	5,677	3,032	6,167	9,199
1969	.. 856	3,034	199	4,089	2,846	6,535	9,381
1970	.. 707	4,920	437	6,064	1,366	6,810	8,176
1971	.. 437	5,093	474	6,004	652	6,681	7,333

### Whooping Cough Vaccination

Year	Under 4 years			4-15 years	Total
1967	.. ..	..	5,769	202	5,971
1968	.. ..	..	5,348	95	5,443
1969	.. ..	..	3,840	68	3,908
1970	.. ..	..	5,494	95	5,589
1971	.. ..	..	5,444	162	5,606

### Tetanus Vaccination

Year	Primary Course 0-15 years			Re-inforcing doses 0-15 years
1967	.. ..	..	6,886	11,704
1968	.. ..	..	6,079	11,538
1969	.. ..	..	4,417	12,418
1970	.. ..	..	6,495	11,864
1971	.. ..	..	6,308	11,241

There were no reported cases nor notified deaths during the year.

### Poliomyelitis Vaccination

			Primary Courses		
			1967	1968	1969*
Children 0-3 years	..	5,645	5,549	3,895	5,366
Children 4 years and over		560	326	309	556
Totals	..	..	6,205	5,875	4,204

			Re-inforcing Doses		
			1967	1968	1969*
			5,319	6,070	9,901
					10,235
					9,721

\*1969 onwards oral vaccine solely

### Measles Vaccination

This procedure has been established for four years and now appears to be reaching a satisfactory level of acceptance in the second year of infant life. However looking at the figures for older children there does not appear to have been an adequate number of children vaccinated in the past four years which may help explain the relatively slow decline in the natural occurrence of the disease.



Comparative figures since the introduction of the scheme in May, 1968, are as follows:

Year	Under 1 year	1-3 years	4-7 years	Others under 16 years	Total
1968 .. ..	26	2,062	4,680	412	7,180
1969 .. ..	3	1,873	1,263	910	4,049
1970 .. ..	30	3,512	2,364	322	6,228
1971 .. ..	33	3,393	1,305	122	4,853

**Rubella (German Measles) Vaccination**

In 1971 a very good response (approx. 90%) is recorded to the offer of this vaccine in the age group eligible.

Year	Total of 13-year-old girls vaccinated						
1970 .. .. .	..	..	..	..	..	..	1,078
1971 .. .. .	..	..	..	..	..	..	2,727

**B.C.G. Vaccination**

Numbers of children skin-tested and vaccinated during the last five years are as follows:—

Year					Tested	Negative	Vaccinated
1967 .. .. .	..	..	..	..	4,659	3,949	3,906
1968 .. .. .	..	..	..	..	2,542	2,225	2,201
1969 .. .. .	..	..	..	..	4,386	3,855	3,814
1970 .. .. .	..	..	..	..	4,046	3,633	3,570
1971 .. .. .	..	..	..	..	4,677	4,146	4,133

**Vaccination for International Travel**

Travellers abroad are advised to protect themselves and their families against the risk of contracting communicable diseases to which they may be exposed in localities in which they intend to stay or through which they may pass. Many countries require some or all travellers arriving from certain other countries to produce valid international certificates of vaccination against smallpox, yellow fever or cholera but, apart from any such requirements, persons going to most overseas countries are advised to be effectively vaccinated against typhoid and paratyphoid fevers and travellers to countries outside Europe other than North America should also be vaccinated against poliomyelitis. Vaccination against any of these diseases other than yellow fever can be performed by a person's family doctor.

International certificate of vaccination forms are prescribed for smallpox, cholera and yellow fever. A form for the latter will be supplied after vaccination at the designated centre but the forms for smallpox and cholera should be obtained by the traveller himself for completion by the doctor. They can normally be obtained from the agency arranging the transport or from individual doctors. Local authorities may also, if necessary, be able to supply them, otherwise application should be made to the Department of Health and Social Security, Alexander Fleming House, London, S.E.1. After the certificate has been completed by the doctor it must be taken or forwarded to the district medical officer of health for authentication of the doctor's signature.



The International Sanitary Regulations specify the following periods for the validity of international certificates of vaccination:

Type of vaccination	Certificate valid for	Period validity begins		
SMALLPOX				
Primary vaccination if successful .. .. .	3 years	8 days	After date of vaccination	
Revaccination .. .. .	3 years	At once		
CHOLERA				
Primary vaccination ..	6 months	6 days		
Revaccination within six months .. .. .	6 months	At once		
YELLOW FEVER				
Primary vaccination ..	10 years	10 days		
Revaccination within 10 years	10 years	At once		

Prospective travellers should consult their own doctors at the earliest opportunity regarding the various vaccinations needed and the order in which these should be done, depending on the time available for their completion.

Organised school parties travelling abroad for holidays or educational purposes are becoming more popular and close liaison is maintained with the chief education officer and general practitioners about the protection which is necessary or advisable so that parents and teachers are fully aware of the situation.

### Yellow Fever Vaccination

Where required under the International Sanitary Regulations, yellow fever vaccination can be done only at a centre designated by the Department of Health and Social Security. Every person requiring vaccination must make an appointment with the centre and a fee is charged for the issue of a certificate.

Vaccination against yellow fever is undertaken at the following centres:

- Norwich:

Medical Officer of Health  
Churchman House  
68 St. Giles Street  
Norwich, Nor 22E
- Cambridge:

County Medical Officer of Health  
Shirehall  
Cambridge

## X. AMBULANCE SERVICE

### General

The general pattern of the agency ambulance service continued throughout the year, subject to an agreed amendment that, with effect from 1st April, 1971, all ambulance accounting would be directly undertaken by the County Treasurer in readiness for the introduction of the reorganised service in 1972. The ascertained ambulance running costs (excluding administration charges and the cost of ambulance vehicle replacements) increased from 19p per mile in 1968-69 to 29p per mile in 1970-71.

4,194 emergency cases represented 13.2% of the total of 31,768 patients conveyed by ambulances during the year. Statistics for the past five years are as follows:

Year			Patients	Mileage	Mileage per patient
1967	..	..	24,132	512,904	21.25
1968	..	..	24,814	529,689	21.31
1969	..	..	28,255	580,973	20.56
1970	..	..	30,113	620,484	20.61
1971	..	..	31,768	626,519	19.72

### Ambulance Stations

The purpose built ambulance station at Thetford was completed during the year and a similar station at East Dereham will be completed early in 1972.

Plans are well advanced for the new ambulance station and sub-control in the grounds of the new district hospital at King's Lynn and it is expected that the station will become operational in July, 1972.

A decision has also been taken to transfer the old fire station premises at Cromer to the ambulance service to provide a main North Norfolk ambulance station in 1972.

These, with the improvements carried out at the main ambulance station at Hall Road, Norwich (on the ring road serving the 10 mile radius around the city) will provide the five main area stations which, with sub-stations at a number of county towns, will provide the operational plan for the re-organisation in 1972.

### Ambulance Vehicles

Following the major ambulance replacement programme outlined in the 1970 report, the County Council took delivery of a further five new Ford Transit Lomas fibreglass ambulances in April, 1971, in replacement of five of the older vehicles. A further five are on order for delivery in April, 1972, to maintain the revised annual vehicle replacement programme for the fleet of 32 ambulance vehicles (plus two major accident control vehicles).

### Ambulance Equipment

Towards the end of the year a decision was taken to re-equip ambulances early in 1972 with entonox, subject to completion of training, Laerdal automatic suction equipment and the Ambu bag resuscitator with the flow meter regulator, all in accordance with the Millar Report recommendations.

### Ambulance Service Reorganisation

Following the review of the ambulance service by the County Council's Management Services Organisation in 1970, consultations between the Norfolk Voluntary Agency Ambulance Committee and the Health Committee have produced a plan for a directly administered County Council paid ambulance service in 1972, with voluntary ambulance support groups separately organised and trained in a number of county towns to provide standby manning of local ambulances at nights and weekends.

The intention is to reorganise the paid service mainly in five permanently manned area ambulance stations (at Norwich District, East Dereham, King's Lynn, Thetford, and Cromer) with day manning of certain sub-stations in their respective areas, reinforced at nights and weekends in vulnerable county areas by voluntary groups providing standby manning of local ambulances. Following negotiations with the paid personnel (through their county branch of the trade union N.U.P.E.) completely revised duty schedules are being introduced in 1972 to provide more efficient use of manned ambulances. Furthermore their agreement to co-operate with the separately organised voluntary



standby manning groups in a number of county towns has also been taken into account in the decision to negotiate a productivity bonus payment with the reorganised service next year.

It is evident that in the first three months of 1972 interim manning arrangements will be necessary on a very flexible basis while reorganised paid service duty schedules are worked and tested in the light of experience, side by side with the introduction of the voluntary standby groups in certain towns as they become proficient in their ambulance training. Not until the precise extent of voluntary standby manning is known in all areas will it be possible finally to adjust paid ambulance service manning schedules to ensure adequate comprehensive ambulance service cover in the county. This is likely to be a complex exercise calling for the utmost tolerance and co-operation on the part of voluntary and paid personnel. The intention is to provide the direct County Council administered ambulance service while at the same time retaining the support of voluntary standby services which formerly, on an agency basis, have been an outstanding feature of the ambulance service in this rural county over the past twenty years.

**Ambulance Staffing Organisation**

Towards the end of the year, taking into account the retirement of the County Ambulance Officer in 1972, a decision was taken to reorganise the staffing of the ambulance service. Steps are being taken to advertise and appoint in April, 1972, a Chief Ambulance Officer designate (to work in with the County Ambulance Officer for a few months prior to his retirement), a Deputy Chief Ambulance Officer with special responsibility for training, additional area station officers (making four in all) together with an ambulance administrative officer at headquarters.

**Ambulance Uniform**

During the year all ambulance operational staff have been equipped with county ambulance uniform (Millar Report scale of issue) the intention being to follow with uniform provision for control staffs in 1972.

**Norfolk Accident Rescue Service**

Following the initial report on the introduction of this road accident after-care scheme in the county, the following statistics relating to the first year of the operation of the scheme (twelve months to 30th September, 1971) are available:

Number of doctors in scheme .. .. .	100
Number of occasions doctors called out	
Contacted first call .. .. .	319
Contacted second call .. .. .	48
Contacted third or subsequent call .. .. .	18
No doctor available .. .. .	18
	<hr/>
	403
Maximum daily call-out .. .. .	7
Maximum number of attendances by a doctor or group practice during this period .. .. .	26
Number of road traffic accidents attended .. .. .	307
Other medical emergencies attended .. .. .	96
Occasions medical assistance rendered at scene .. .. .	260
Ambulance left or call-out cancelled .. .. .	76
Fatalities	
Road traffic accidents .. .. .	57
Other incidents .. .. .	25
Serious injuries .. .. .	402
Minor injuries .. .. .	185

**Car Service**

With the problems of the evolution of the county ambulance service it has been necessary during the year to take steps to safeguard the retention of the hospital car service at a level sufficient to cope with present day demands. Following sustained representations through the County Councils Association for a realistic reappraisal of the hospital car service mileage rates, the decision was taken in 1970 to increase the mileage allowances paid for cars up to 1399 c.c. to 4½p per mile and for cars over the 1399 c.c. rating, 5p per mile. These are slightly above the revised national car service mileage rates, but were the minimum required to sustain the recruitment of private car owner/drivers in the hospital car service at the necessary level of around 200 to cover the county. Certainly, in this large rural county concerned with over 30 treatment centres, it is the only practical method of coping with sitting cases reasonably economically involving, as it does, three-quarters of the total ambulance service mileage of 2,700,000 per annum.

The following statistics indicate the nature of the steadily increasing demands upon the car service:

Year				Patients	Mileage	Mileage per patient
1967	..	..	..	80,695	1,803,947	22.35
1968	..	..	..	77,349	1,784,428	23.00
1969	..	..	..	80,989	1,850,960	22.80
1970	..	..	..	84,105	1,942,552	23.10
1971	..	..	..	90,343	2,039,434	22.57

**XI. PREVENTION OF ILLNESS, CARE AND AFTER-CARE**

**Tuberculosis**

Chest clinics are held by Dr. A. H. C. Couch (East Norfolk) at Norwich, Cromer and Great Yarmouth and by Dr. G. F. Barran (West Norfolk) at King's Lynn, Dereham, Thetford, Wells and Fakenham. A whole-time tuberculosis health visitor attends clinic sessions in East Norfolk and carries out routine and follow-up visits to patients and contacts. Health visiting is also undertaken in West Norfolk, arrangements being made by the area nursing officer at King's Lynn who liaises with Dr. Barran.

**(a) Incidence**

The numbers of new cases notified during the past five years are as follows:

Year		Respiratory	Non-respiratory	Total
1967	..	54	13	67
1968	..	49	11	60
1969	..	35	10	45
1970	..	38	14	52
1971	..	31	16	47

**(b) Mortality**

Mortality figures for the same period are:

Year		Respiratory	Death rate per 100,000 population	Other	Death rate per 100,000 population
1967	..	7	1.7	2	0.5
1968	..	4	0.9	5	1.1
1969	..	4	0.9	2	0.5
1970	..	7	1.6	3	0.7
1971	..	4	0.9	9	2.0



The substantial rise in ‘other’ deaths for 1971 as compared with previous years is not significant and only one of the nine deaths recorded was due to non-respiratory tuberculosis, the remainder resulting from late effects of respiratory tuberculosis. Deaths recorded under ‘respiratory’ are those directly attributable to tuberculosis of the respiratory system.

(c) Visits to Tuberculous Households

The following table shows the visits made by health visitors to tuberculous households during 1971 with the comparative figures for 1970 given in parenthesis:

First visits	..	..	..	..	503	(559)
Re-visits	..	..	..	..	1,297	(1,382)
					<hr/> 1,800	<hr/> (1,941)

(d) Extra Nourishment

This is now limited mainly to the provision of free milk in necessitous cases on the recommendation of the chest physicians and twelve such cases were being assisted at the end of the year.

(e) B.C.G. Vaccination

See under Section IX. VACCINATION

(f) Medical Arrangements for Long-term Immigrants

Fifty-three immigrants were notified as having arrived in this county from the following areas:

*Commonwealth Countries*

Caribbean	..	..	..	..	..	..	..	..	..	9
India	..	..	..	..	..	..	..	..	..	3
Pakistan	..	..	..	..	..	..	..	..	..	—
Other Asian	..	..	..	..	..	..	..	..	..	13
African	..	..	..	..	..	..	..	..	..	3
Other	..	..	..	..	..	..	..	..	..	12

*Non-Commonwealth Countries*

European	..	..	..	..	..	..	..	..	..	11
Other	..	..	..	..	..	..	..	..	..	2
										<hr/> 53

Follow-up visits are made by a medical officer or health visitor and immigrants are informed of facilities available under the health services and encouraged to register with a general medical practitioner. No cases of tuberculosis were notified among immigrants during 1971.

(g) General

The British Red Cross Society and the St. John Ambulance Brigade jointly organise a hospital library service which is also available to home-bound patients. The local W.R.V.S. depots supply articles of clothing in necessitous cases and the Friends of Kelling provide patients with special amenities.

(h) Joint Report of Chest Physicians

The chest physicians report as follows:

“The further decline in the number of new notifications of respiratory tuberculosis is an indication that this disease is now well under control although the individual patients may still present with moderately advanced disease in an infectious state which is, of course, a hazard to the immediate contacts of these patients.

This decreased incidence of pulmonary tuberculosis has the effect of increasing the difficulty of diagnosis as some of the younger family doctors are relatively unfamiliar with the disease. Non-respiratory tuberculosis has increased slightly; this represents greater diagnostic awareness particularly among the genito-urinary surgeons, and these patients usually represent a recrudescence of an infection many years previously.

The regular tuberculin testing of 13-year-old school children prior to giving B.C.G. is an accurate measure of the amount of tuberculous infection in the community. The figure is now 4.8% and shows a steady decline each year. Those who have a first degree positive Heaf test are probably not suffering from tuberculous infection and if one excludes these then the total amount of tuberculous infection is probably very small.

The mobile radiography unit has been used to provide facilities at Swaffham and Diss where chest X-rays can be performed at the request of general practitioners; although the number of patients is comparatively small there is no doubt that this is a valuable service to the community."

## Health Education

1971 proved to be an interesting year in the field of health education, the health education officer under the guidance of the senior medical officer being responsible for arranging a varied programme of activities.

While the staff of the health department undertake a considerable amount of health education work within the schools by invitation of the head teachers, the full effect of these programmes is difficult to assess. Every effort is made to encourage this work in schools and the health education officer is responsible for ensuring that all aids, visual and otherwise, are made available to all professional staff for the promotion of health.

Throughout the year, sample copies of new posters and leaflets were sent out to all county health visitors, additional copies being available for display and distribution in child health clinics, parentcraft classes, schools, etc., each health visitor using her own discretion on how and to what extent she makes use of the publicity material made available to her. As well as this regular supply of material, health visitors requested many other leaflets, posters and visual aids as and when required, on subjects covering anti-smoking, drug dependency, health and hygiene, diet and nutrition, dental care, child care, the prevention of accidents and the work of the health department.

The following summarises the main activities during the year:

### (a) Campaigns

#### (i) *Anti-smoking*

In January, the health department ran a campaign to coincide with the publication of the Royal College of Physicians' report on smoking and health. Every general practitioner in Norfolk and every health visitor received two posters on smoking. In the foyer of County Hall, a total of 15 different anti-smoking posters were exhibited, a different one being displayed every day for the period of three weeks.

#### (ii) *Dental Health*

A campaign begun at the end of 1969 to distribute school dental hygiene kits to five-year-olds at their first dental health inspection was continued in 1971, when a further 1,000 kits were purchased for distribution. It is hoped that children will be encouraged by these means to take greater care of their teeth.



(iii) *Venereal Diseases*

During the year all secondary schools, youth clubs and libraries received a poster and/or a sample copy of a Health Education Council leaflet on the dangers of V.D. with the invitation to apply for further supplies if required.

(b) **Exhibitions**

(i) *County Hall*

A small display was exhibited in the foyer of County Hall during the period leading up to bonfire night to encourage the safe use of fireworks and fires. Individual posters were displayed at frequent intervals during the year on various health education subjects.

(ii) *Royal Norfolk Show*

On the 30th June and 1st July, the Mobile Display Unit from the Health Education Council Ltd. took part in the health department's 1971 exhibition at the Royal Norfolk Showground at Costessey. The Unit consisted of a purpose-built caravan towed by a Land Rover. The subject of the exhibition was 'Living a Full Life' and panelling in the caravan depicted how stresses and strains could affect the mental, physical and social side of health.

The health education officer and the technician from the Health Education Council were in attendance at the Unit for the two days of the show, together with a total of nine health visitors working on a rota system. Films were shown at periodic intervals in the caravan, there was a quiz and a variety of leaflets were available on subjects such as smoking, drinking and drug taking. Nearly all who entered the caravan were shown personally round the exhibition by the health visitors and there were opportunities for people to discuss any personal problems they had. Outside the caravan a closed circuit television was in operation and periodically a pre-recorded message from the County Medical Officer was relayed, inviting people into the exhibition. Behind the caravan in a small tent further panelling was displayed on the health hazards of smoking, drinking and misuse of drugs. Prior to the exhibition at the showground, the Health Education Council held a short in-service training course at County Hall to familiarise our staff engaged in health education with the aims and operation of the Unit—see 'Provision of In-Service Training'.

(iii) *Attleborough Gala*

On the 15th September, the health education officer co-operated with the Wayland Accident Prevention Committee in Attleborough in arranging a Home Safety display in the grounds of the junior school. 'Home Safety Packs' consisting of a cut-out board game, ball point pen, bookmark and leaflet all in a special 'Stop Home Accidents—Keep Medicines away from Children' bag were on sale. Children were handed out 'Owl Colouring Sheets' with home safety messages on them.

(iv) *Thetford 'Look at Leisure' Exhibition*

On the 8th October, the health education officer working in conjunction with two health visitors, put on a small display and film show as part of the Look at Leisure Exhibition at the Carnegie Hall. The subject again was the physical, mental and social side of health and, as well as handouts, leaflets and display panelling, health education films were shown throughout the evening.

(c) **Conferences and Courses**

During the year the health education officer attended two short conferences in London as well as the Health Education Council seminar in Cambridge.

The first conference, 'Sex Education of School Children', organised by the Royal Society of Health, was held in February at Caxton Hall, Westminster. In September, the Royal Society organised another conference of particular



interest, 'Objectives and Perspectives in a Health Education Service', which was an afternoon conference devoted mainly to informal discussion on the health education service. The annual health education seminar, 'The Broadening Vista', was held at Selwyn College, Cambridge, from the 29th March until 2nd April, and covered subjects such as local radio, cost benefit analysis, personal record and retrieval systems, scientific writing, hard and soft ware budgeting and health education in industry. In May, the Norfolk Secondary Modern Schools' Head Teachers' Association held their annual weekend course at Wymondham College. The second day was organised by the health department and took the form of a session on 'Drugs and Addiction'. Speakers included a local member of parliament who is also a doctor, the secretary of the National Association for the Prevention of Addiction, and the Inspector of Police in charge of the local drug squad. The meeting was chaired by the senior medical officer who included a short talk on the aims of health education and sought to encourage integrated health education programmes.

**(d) Provision of In-Service Training**

During the year the health education officer paid visits to all the local health areas to meet the health visitors and to advise on the care and maintenance of the 16mm. film projector, the super 8mm. film-loop projector and to inform them of new films, equipment, and other developments in the health education field. Various visual aids are kept at each local health office for those participating in health education with further supplies at headquarters—see 'Visual Aid Equipment'.

On the 29th June, the Health Education Council Ltd. held an in-service training course at County Hall on 'Living a Full Life'. Although the main aim of the course was to familiarise those participating in the Norfolk Show with the Mobile Unit, the morning session was an open lecture by Dr. A. J. Wood from the Health Education Council on 'Stress'. Medical officers, nursing officers and health visitors were in attendance. The afternoon session was a practical demonstration in the use of the Unit by the Health Education team. The Unit was parked in the forecourt of County Hall and so was easily accessible from the police conference room where the lectures were being held. Staff were given instruction in the use of closed circuit television, video tape recording and other portable and static equipment used in or apart from the Unit. The whole day was found to be most enjoyable and interesting and we would like to thank the team of lecturers from the Health Education Council for their help and participation.

**(e) Visual Aid Equipment**

At the end of the year, ninety-two different filmstrips, twenty-four 16mm. films, eight super 8mm. film-loops, three tapes and a large selection of slides were available from the health education officer. A second 16mm. sound projector, a carousel slide projector and a back projector screen were purchased during the year to be kept at County Hall. Quantities of Marler Haley peg-board panelling and peg-board fitments were also obtained for distribution to the local health offices for use in small displays at clinics, etc. Other items purchased during the year included an adjustable projector table and a Neo-Attractor sign.

Although the majority of equipment is kept at County Hall, each local health office has a filmstrip/slide projector, one local health office has a carousel slide projector, and two have a 16mm. sound projector.

**(f) Health Education in Schools**

During the year many schools were visited by the health education officer and other members of the health department staff. Talks were given on a



variety of subjects including personal relationships, sex education, venereal diseases, drug addiction, the dangers of smoking, health and hygiene, dental care, child care, home safety and the work of the health department.

We were especially pleased to enlist the services of the British Temperance Society for one week in February, who worked with the health education officer in visiting four schools in the area, Reepham Secondary, Wymondham Secondary Girls, Wymondham Secondary Boys and Wymondham College, as part of an anti-smoking campaign. A life sized human dummy was used to demonstrate the dangers of tobacco on the body, and the film 'Countdown' was shown, bringing the modern astronaut image into the smoking battle.

As well as the above lectures, a number of health visitors, sometimes working in conjunction with the health education officer, ran general health education and preparation for living courses in junior and secondary schools. These usually lasted for a few weeks or even a full term, each health visitor using her own discretion on how and to what extent she was able to take programmes of health education in schools, as well as carrying out her day-to-day work.

During the year all secondary schools in Norfolk received health education material on the dangers of venereal disease as described in paragraph (a) (iii) above.

#### **(g) Health Education to Adult Groups**

Outside talks were given to adult groups including young wives clubs, young farmers clubs and church groups. Various health subjects were covered such as diet and nutrition, child health, the prevention of accidents, the work of the health department, drug addiction and cancer prevention.

#### **(h) District Health Education Committees**

Two new health education committees were formed during the year, Depwade Rural District Council Health Education Sub-Committee, which met for the first time on the 14th June, and Forehoe and Henstead Rural District Council Public Health (Health Education) Sub-Committee which met on the 20th July. This is encouraging and it is hoped that other district councils will follow suit.

Loddon Rural District Council continues to have an enthusiastic health education committee, and on all these committees the health education officer represents the County Council.

Wayland Accident Prevention Committee with responsibility for home, road and water safety, continues to meet regularly, the health education officer playing an active part as well as being secretary. The Sheringham Urban District Council has a safety-first committee and the Walsingham Rural and Wells Urban District Councils have a joint safety committee dealing with home, road and water safety. These accident prevention committees or those able to cover all aspects of health education are to be greatly encouraged as they serve to bring additional resources into a field of activity which remains all too limited in resources of all kinds.

Much health education is done during the course of everyday work and health education of the individual plays a very important part in promoting health. Although it is never very easy to assess the response of the public to health education, it is certainly true to say that there is a greater public awareness of the human body and its functions in relation to preventive medicine than there has ever been.

(i) Statistics

The number of sessions of health education undertaken by health visitors during the year was as follows:

To school children	..	..	..	..	..	..	34	
To adults at child health clinics	..	..	..	..	..	..	34	
Resuscitation instruction at child health clinics	..	..	..	..	..	..	5	
Other	..	..	..	..	..	..	55	
							—	128
At mothercraft classes	..	..	..	..	..	..		828
								—
Total health education sessions conducted by health visitors..								956
								—

The total number of direct health education sessions undertaken by the health education officer personally during the year was as follows:

Lectures to schools and adult groups	..	..	..	..	..	..	24
Assisted film shows and lectures	..	..	..	..	..	..	9
Health Education Committees and other meetings	..	..	..	..	..	..	22
							—
Total	..	..	..	..	..	..	55
							—

These statistics do not take into consideration lectures given by medical officers, nurses, public health inspectors, dental officers and other health department staff who have throughout the year undertaken sessions of health education in or out of normal working hours. As always it proves difficult to assess in precise terms the amount of health education being done, as much of the work is done on an informal basis and consequently cannot be translated into statistics.

### Venereal Disease

Contact tracing is a vital factor in the control of venereal disease and close liaison is maintained with the physicians in charge of treatment centres in the county. Individual clinics have their own follow up arrangements but refer problem cases for investigation by the area nursing officers. Requests to trace and interview contacts are also received from time to time from clinics outside the county. All information received is of course treated as strictly confidential.

Returns from the Norwich, King's Lynn, Great Yarmouth and Lowestoft treatment centres relating to the attendance of new Norfolk cases were as follows (1970 figures in brackets):

Syphilis	..	..	..	..	..	..	4	(7)
Gonorrhoea	..	..	..	..	..	..	91	(95)
Other conditions	..	..	..	..	..	..	671	(578)
							—	—
							766	(680)
							—	—

Dr. D. W. Higson, the physician in charge of the treatment centre at the Norfolk and Norwich Hospital, has kindly provided the following report for 1971:

"New cases recorded in the department numbered 1,391 compared with 1,097 in 1970. Syphilis and gonorrhoea accounted for 149 compared with 131 in 1970 and 152 in 1969.

The Department of Health and Social Security returns for England show that cases of early infectious syphilis remain at almost the same level, but that cases of gonorrhoea continue to increase each year.



Syphilis

One male temporarily resident in Norwich was treated for early infectious syphilis acquired in Great Yarmouth.

Three cases of latent syphilis were treated, two resident in Norfolk and one in Suffolk.

Two cases of late congenital syphilis were treated, one resident in Norwich and one in Norfolk.

Gonorrhoea

New cases increased from 127 to 143. Male cases accounted for 88 (70) and female 55 (57, including one gonococcal ophthalmia).

TABLE 1. NEW CASES OF GONORRHOEA

			1971		1970	
Age			Male	Female	Male	Female
Under 16	..	..	1	1	—	—
16-17	..	..	1	7	3	10
18-19	..	..	7	12	6	8
20-24	..	..	37	19	21	22
25 and over	..	..	42	16	40	16
			—	—	—	—
Total	..	..	88	55	70	56
			—	—	—	—

The 15-19 age group in males was 10% (13%) and in females 36% (32%) of the total cases.

Five males and one female failed to respond to standard treatment and required re-treatment.

Male homosexuals accounted for 11 of the 88 cases.

TABLE 2. RESIDENCE OF NEW CASES OF GONORRHOEA

Age			Norwich		Norfolk (including Great Yarmouth)		Suffolk	
			Male	Female	Male	Female	Male	Female
Under 16	..	..	—	—	1	1	—	—
16-17	..	..	—	3	1	4	—	—
18-19	..	..	4	6	3	5	—	1
20-24	..	..	19	15	17	4	1	—
25 and over	..	..	24	9	16	6	2	1
			—	—	—	—	—	—
Total	..	..	47	33	38	20	3	2
			—	—	—	—	—	—

Of the male patients 71% (54%) contracted their infection in this area.

TABLE 3. NEW CASES OF OTHER GENITAL INFECTIONS

Non-specific genital infection	..	..	..	..	..	..	208
Trichomoniasis	..	..	..	..	..	..	92
Candidiasis	..	..	..	..	..	..	131
Pediculosis Pubis	..	..	..	..	..	..	55
Warts	..	..	..	..	..	..	100

Screening tests were negative in 541 patients (415), of these 315 were male and 226 female.”

## **Provision of Nursing Equipment**

A wide variety of nursing and sick room equipment continued to be provided under the agency arrangements with the Norfolk Branch of the British Red Cross Society and the St. John Ambulance Brigade, including wheelchairs, commodes, bed rests, bed tables, bedpans, air rings, crutches and walking aids, all issued on free loan with rental charges being paid by the County Council. Larger items of equipment such as patient-lifting hoists, hospital beds and specialised apparatus, are similarly provided directly from the health department at County Hall.

The demand for disposable incontinence pads remained heavy during 1971 and 155,900 were supplied for distribution by nursing staff. 1,012 sets of waterproof clothing were also provided together with supplies of disposable linings.

## **Home Dialysis**

A kidney machine was installed during November for a patient in the west of the county and a purpose built Portakabin was provided by the County Council to house this complex apparatus. In such cases the hospital authorities supply and maintain the machine and the Council is called upon to provide the necessary special facilities at the patient's home. This was the first occasion a Portakabin had been provided in the county, the three previous cases being dealt with by having a room in the house suitably adapted for the purpose.

Unfortunately the patient died before the Portakabin was brought into use, despite the fact that temporary dialysis arrangements were made for treatment to be carried out pending delivery, and the Portakabin was removed to store.

The invaluable assistance of the County Architect's staff in arranging for the necessary work to be carried out in these cases, usually at short notice, is gratefully acknowledged.

## **Recuperative Convalescence**

The Council arranged for the attendance of twelve persons at voluntary convalescent homes, on the recommendation of family doctors, paying the maintenance charges in necessitous cases.

## **The Marie Curie Memorial Foundation**

Grants totalling £357 were made under the Foundation's area welfare scheme and forty-eight patients were assisted, twenty-two of these being provided with electrically operated 'ripple' mattresses specially hired for their use.

## **Chiropody**

The vacancy for a senior chiropodist existing at the beginning of the year was filled in February, by the appointment of Mr. R. Reader-Parkes, thereby increasing the whole-time staff engaged on domiciliary work to seven.

In April, the health department assumed responsibility for chiropody treatment provided at local old people's clubs and the treatment of residents at the county homes for the elderly. Both schemes had previously been the responsibility of the social services department, the Norfolk Old People's Welfare Association acting as agents of that department and employing private chiropodists to undertake treatment on behalf of some 150 local old people's clubs. Private chiropodists were also engaged in the treatment of patients at the county homes.



It was considered that integration of these two schemes with the domiciliary scheme already being administered by the health department was desirable to make the best use of the limited number of chiropodists available to carry out treatments, and it was decided that in future whole-time staff would be employed where appropriate to supplement the services of private chiropodists undertaking part-time work at old people's clubs and the county homes. Professional oversight of the unified service was also considered essential and in December, the Health Committee approved the appointment of a chief chiropodist with effect from 1st April, 1972, together with an additional whole-time senior chiropodist to meet the increasing demand for treatment. These changes did not of course affect the invaluable voluntary assistance provided by the Norfolk Old People's Welfare Association and individual old people's clubs who provide accommodation for clinics and make local arrangements for patients to attend for treatment, etc.

Following national awards involving the salaries of whole-time staff and fees paid to the private chiropodists, the standard contribution by patients was raised from 20p to 25p per treatment with effect from 1st October, 1971. The new charge was still considerably less than the cost of private treatment, however, and the service continues to be heavily subsidised by the County Council.

At the end of the year 3,213 cases were currently receiving domiciliary treatment from full-time staff and a further 42 cases newly referred for treatment at home were awaiting a first visit. In addition there were 485 cases in hospital or otherwise away from home but still on the domiciliary register. 263 patients died during the year and 207 other cases were removed from the register for various reasons. Lengthy absences on sick leave of two whole-time chiropodists resulted in a slight drop in the number of domiciliary treatments carried out in 1971 compared with 1970 but considerably more patients were visited. It should be mentioned that new cases being referred are usually badly in need of treatment and initial visits are arranged as a matter of urgency but this does mean that intervals between treatments for non-priority cases become excessively long.

Comparative figures for the past five years are as follows:

Year	Persons visited	Treatments given	Average number of treatments per person per year
1967	1,818	8,429	4.63
1968	2,352	8,893	3.78
1969	2,718	11,327	4.16
1970	3,116	13,085	4.20
1971	4,168	12,752	3.06

Treatments given during the year by private chiropodists under local old people's club arrangements totalled 34,798 and 5,746 elderly persons were involved. A further 4,494 treatments were given at the county homes involving 1,018 residents.

Two of the Council's whole-time chiropodists attended the four-day post-graduate course at the London Foot Hospital in July.

**Cervical Cytology**

General practitioners continued to be responsible for taking cervical smears, either personally or by arrangement with the appropriate hospital clinic. There is a cytology clinic at the West Norfolk and King's Lynn General Hospital where smears can be taken by appointment and smears are also taken at the family planning clinics.



During the first half of the year due to shortage of technical staff screening remained confined to well women in the 35-60 age group. In October, however, the laboratory staff situation had improved sufficiently to lower the age limit to 30 years.

The Department of Health and Social Security Circular 33/71, issued in October, 1971, proposed new arrangements for the routine recall of women for periodical re-examination under the national scheme of screening for the prevention of cancer of the cervix. Meetings were arranged of the local cervical cytology liaison committee comprising representatives of the hospitals, local medical committee, executive council, local authority, etc., to consider these proposals. It was agreed to accept the national scheme with the qualification that all general practitioners should be given the opportunity to recall their own patients if they so desired. The local authority has agreed to undertake all other recalls and follow-ups. This arrangement will be subject to review in the light of experience.

In addition, the new arrangements ensure that copies of all cervical cytology reports will be made available to local authority health departments who will thus be able to assess the progress of the scheme.

### **Fluoridation of Water Supplies**

Up to the end of 1971 the County Council had not agreed to the making of arrangements with water undertakers for the fluoridation of water supplies.

## **XII. INFECTIOUS DISEASES**

The annual notifications of infectious disease are set out in Table 3 showing the distribution throughout the areas of the municipal boroughs, urban and rural district councils.

Whooping cough notifications have greatly increased to 312 cases, nearly all of the increase occurring in the urban districts of East Dereham and Hunstanton, and to some extent in Thetford municipal borough and in St. Faith's and Aylsham rural district. This change is possibly due to several factors, one being the suggestion that certain infections probably of a viral nature with whooping symptoms are being notified as whooping cough although not associated with the usual whooping cough organism (*b. pertussis*). The manifestation of the clinical disease has led to some division of opinion whether notification was appropriate and this may explain, in part, the recorded pattern of incidence.

Measles at 666 cases has reached a low figure. One hopes that this is a sign of a continuing decline due to the vaccination programme making a real impact at last after some difficulties in its initial years. The vaccine gives a high enough degree of protection for one to expect that measles can be made a rarity if all one-year-old infants and susceptible children receive protection as part of the children's protection programme.

Infective hepatitis has apparently fallen in frequency mainly due to a decrease in notifications in Blofield and Flegg where a considerable outbreak occurred in 1970.

Dysentery cases are again fewer than food poisoning this year but as always sufferers from a mild attack of the disease probably do not need to consult their family doctor. The responsibility for prevention of food poisoning and dysentery remains, as ever, with every individual regularly to wash hands before handling food and after using the toilet.



## NOTIFICATION OF INFECTIOUS AND OTHER DISEASES

TABLE 3

Disease	Number of cases notified																												Totals
	Municipal boroughs		Urban districts										Rural districts																
	King's Lynn	Thetford	Cromer	East Dereham	Diss	Downham Market	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield and Flegg	Depwade	Docking	Downham	Erpingham	Forehoe and Henstead	Freebridge Lynn	Loddon	Marshland	Mitford and Launditch	St. Faith's and Aylsham	Smallburgh	Swaffham	Walsingham	Wayland		
Measles .. .. .	10	52	7	7	36	2	7	2	3	—	—	5	82	24	6	4	16	34	3	16	59	11	35	18	12	4	211	666	
Dysentery .. .. .	—	1	1	—	—	—	—	1	—	—	—	—	7	—	—	—	—	1	1	—	—	—	2	1	—	—	—	15	
Scarlet fever .. .. .	2	3	1	—	2	1	4	—	—	3	—	4	16	5	4	13	—	15	1	4	7	5	7	7	14	3	9	130	
Whooping cough .. .. .	2	30	—	74	—	—	81	—	—	—	—	2	11	7	13	1	—	1	—	7	1	16	43	14	—	—	9	312	
Infective jaundice .. .. .	1	2	3	—	—	1	—	1	—	—	—	—	25	—	1	—	3	2	—	1	1	—	2	3	—	—	1	47	
Diphtheria .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Tetanus .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute meningitis .. .. .	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	1	5	
Acute encephalitis .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	
Ophthalmia neonatorum .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	
Acute poliomyelitis .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Leptospirosis .. .. .	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	—	—	—	4	
Paratyphoid fever .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Typhoid fever .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Food poisoning .. .. .	—	2	1	3	1	—	2	—	—	—	—	2	5	5	3	—	—	6	1	1	—	1	1	6	—	2	—	42	
Malaria .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	
Plague .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Cholera .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Smallpox .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Typhus fever .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Relapsing fever .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Yellow fever .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Anthrax .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
*Chicken pox .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Totals .. .. .	16	90	14	84	39	4	94	4	3	3	—	13	146	41	27	18	20	63	6	30	68	33	91	51	26	9	231	1,224	

\* Chicken pox is notifiable only by Cromer U.D.C.





### XIII. ENVIRONMENTAL HYGIENE

#### Water Supplies and Sewerage

The County Public Health Engineer has supplied the following information:

##### (a) Water Supplies

During the year a contribution was allocated by the County Council for the following scheme:

District Council	Scheme	Estimated Capital Cost
Loddon .. .. .	Thurlton and Thorpe-next-Haddiscoe .. .. .	£2,515

New schemes, extensions and revised schemes examined by the Water Supplies and Sewerage Sub-Committee during the year were:

District Council/Water Authority	Scheme
Blofield and Flegg .. .. .	Rollesby and Ormesby extensions.
City and County of Norwich Water Department .. .. .	Extensions to Witton Corner and Boundary Lane, Postwick. Extension to the Grove, Upper Street, Horning. Extension to the Pitman's Arms area of Oulton.
Loddon .. .. .	Extension to Ashby St. Mary.
North West Norfolk Water Board .. .. .	Link mains from Mileham to Beeston and Burnham Thorpe to Holkham.
St. Faith's and Aylsham .. .. .	Extension to Red Pit's area, Wood Dalling.
South Norfolk Water Board .. .. .	Extensions to rural areas (involving the villages of Hingham, Denton, Snetterton, Shelfanger, Roydon, Oxborough, Kenninghall).

##### (b) Sewerage and Sewage Disposal

During the year the County Council allocated contributions to District Councils for the following schemes :

District Council	Scheme	Estimated Capital Cost
Blofield and Flegg .. .. .	Caister aerobic digestion plant..	£33,600
Depwade .. .. .	Roydon (Tottington Lane) ..	£10,000
Diss .. .. .	Sewage disposal works extensions	£34,130
East Dereham .. .. .	Sewage disposal works extensions	£340,000
Erpingham .. .. .	Roughton .. .. .	£154,103
Freebridge Lynn .. .. .	Gayton and Grimston .. .. .	£342,268
Mitford and Launditch .. .. .	Middle Wensum(incorporating Lyng, Swanton Morley and Bawdeswell) .. .. .	£377,000
St. Faith's and Aylsham .. .. .	Cawston Road, Aylsham ..	£10,810
	Salhouse and Rackheath I ..	£123,400
Swaffham Urban .. .. .	Watton Road sewerage ..	£220,512

New schemes, extensions and revised schemes examined by the Water Supplies and Sewerage Sub-Committee during the year were:

District Council			Scheme
Depwade	..	..	Wacton, Aslacton and Moulton. Harleston surface water, Stage III.
Downham Market	..	..	Sewerage and sewage disposal.
Downham Rural	..	..	Wimbotsham sewer ditch.
East Dereham	..	..	Surface water sewerage, Stages I and II.
Erpingham	..	..	Erpingham and Ingworth. East and West Runton. Thorpe Market.
Forehoe and Henstead	..	..	Costessey treatment works enlargements.
Freebridge Lynn	..	..	Middleton and Blackborough End.
Loddon	..	..	Gillingham treatment works extensions. Hales. Thurton.
Mitford and Launditch	..	..	Colkirk and Whissonsett. The River Tat (incorporating Guist, Twyford and Bintree). White Mill (incorporating Wendling, Scarning, Gressenhall, Beetley, Longham).
Sheringham	..	..	Odour control plant and sewer extensions.
Smallburgh	..	..	Coastal parishes.
Walsingham	..	..	Fakenham treatment works extensions.
Wayland	..	..	Hockham. Watton treatment works enlargements.
Wymondham	..	..	Sewerage and sewage disposal.

## Milk and Dairies

As in previous years, apart from sampling which may have been carried out by the Ministry of Agriculture, Fisheries and Food in connection with farm registrations, all milk sampling has been carried out by this department together with all necessary pre-licence and routine visits required to ensure adequate arrangements for the storage, handling and distribution of milk. Registration of all milk distributors by the county district councils is still required by the Milk and Dairies (General) Regulations, 1959, and liaison has been maintained with these authorities.

In my last report I referred to overlapping of duties as between the district councils and the County Council which results from registration and licensing requirements for dairies and dairymen. Since all milk is sold under designation the removal of the requirement for district councils to register dairies and persons would avoid this overlapping and would facilitate administration and control by the County Council as the food and drugs authority. The position is the more apposite since, under the Local Government Re-organisation Bill, all food and drugs work is to be the responsibility of the new County Councils.

During the year liaison has been maintained with the Animal Health Division of the Ministry of Agriculture, Fisheries and Food and with those departments of the County Council concerned with milk supplies to establishments in the Council's administration.

Details of the sampling examinations are included in the information given under the following headings:



(a) Specified Area Supervision

Under the Milk (Special Designation) Regulations, 1963, all dealers' licences issued after the 31st December, 1965, continued in force until the 31st December, 1970. It was necessary therefore to re-license all dealers for the next five years from the 1st January, 1971. In a number of cases checks were made to ensure the accuracy of previous records particularly in relation to ownership, etc., and improvements in the methods of storage, handling and distribution of milk were secured.

At the end of the year six hundred and sixty dealers' licences were in force including nine issued to producer/retailers selling milk other than from their own herds and forty-seven issued to dealers selling 'untreated' milk. Three hundred and fifty-nine licences related to the sale of 'ultra heat treated' milk.

The following table shows the results of the examinations of milk samples taken from shops and retail rounds during the year. The figures for the previous year are shown in brackets:

Test	No. of examinations		Satisfactory		Unsatisfactory		Void	
Methylene Blue (Raw milk)	106	(50)	88	(42)	11	(4)	7	(4)
Methylene Blue (Pasteurised milk)	990	(881)	770	(702)	77	(70)	153	(109)
Phosphatase (Pasteurised milk)	989	(882)	986	(873)	3	(9)	—	(—)
Turbidity (Sterilised milk)	80	(84)	78	(83)	2	(1)	—	(—)
Colony Count (Ultra heat treated milk)	119	(81)	119	(81)	—	(—)	—	(—)
	<hr/> 2,284 (1,978) <hr/>		<hr/> 2,041 (1,781) <hr/>		<hr/> 93 (84) <hr/>		<hr/> 160 (113) <hr/>	

The one hundred and sixty 'void' samples relate to those which were not examined by the methylene blue test because of the atmospheric shade temperature exceeding 70°F during their period of storage at the laboratory.

Increased shop sales contributed largely to the high incidence of methylene blue failures, insufficient care having been taken during the summer months when milk was allowed to stand at the shops in temperatures exceeding 70°F. Milk delivery vehicles were also found to have insufficient protection during the summer and advice was given to both shopkeepers and dairymen followed by repeat sampling where necessary.

The raw milk failures were referred to the Ministry of Agriculture, Fisheries and Food for any necessary investigations at producer/retailers' premises. Four hundred and thirty-eight of the samples shown above were submitted from milk sold in the county but processed at pasteurising plants outside the county. Where it was thought to be necessary the circumstances were referred to the appropriate licensing authorities. All phosphatase failures were immediately investigated and the faults traced and rectified.

There is no sterilised milk processing plant in the county. Sample failures are rare and in the two cases shown above representations were made to the licensing authority concerned but despite full investigations no reason for the failures was found.

**(b) Pasteurising Plants**

At the beginning of the year one new plant employing the H.T.S.T. method of pasteurising was licensed and towards the end of the year two plants using the same method ceased operation.

Ninety-eight routine visits were made by the county public health inspector during the year to the five plants licensed by the County Council and these visits were augmented as necessary to investigate the causes of failing samples and complaints.

In one case because of complaints and a poor sampling history the County Council considered the revocation or suspension of the pasteuriser's licence. A strong warning was given and further action deferred pending replacement of the dairy by complete new building and plant to be provided in 1972.

The results of the examinations of samples submitted from the pasteurising plants are as follows:

Test	No. of Examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue ..	335	235	42	58
Phosphatase ..	337	328	9	—
	<hr/> 672	<hr/> 563	<hr/> 51	<hr/> 58

All failures were investigated and any necessary advice given to the dairymen and plant operators. Particular attention was given to the phosphatase failures and any recommendations made were checked by repeat visits and sampling.

**(c) Milk in Schools Scheme**

Pasteurised milk only was supplied to county schools following my approval to the sources of supply. It is unfortunate that dairymen still have on occasion legitimate cause for complaint concerning the return of bottles in an unrinsed and unsatisfactory condition, despite joint efforts with the Chief Education Officer to improve the position. Those schools which return bottles in a satisfactory condition are however in the majority and are to be commended. The co-operation of the dairymen was again successfully sought in the return of bottles at term ends, etc., so preventing their exposure to contamination.

**(d) Brucella Abortus**

During the year liaison has been maintained with the Animal Health Division of the Ministry of Agriculture, Fisheries and Food and as the result of the circular sent from the Ministry to the Divisional Veterinary Officer and his subsequent discussions with this department all bulk sampling of producer/retailer herds for brucellosis examinations is left to the department and the exchange of all necessary information has been organised with the Divisional Veterinary Officer. In the event of a positive ring test, direct culture or biological examination of a herd bulk sample the subsequent herd investigation will be carried out by the Divisional Veterinary Officer. No positive samples were submitted from the producer/retailer herds during the year and each herd was sampled quarterly.

Bulk milk samples were also submitted for direct culture and biological examinations at the Norwich public health laboratory from wholesaler supplies to dairies for pasteurisation and fourteen herds were found to be positive. In these cases the farmers were warned by the respective district medical officer of health to boil the milk before consumption by their families and/or employees. Increased bulk milk tanker collections have resulted in a greater number of bulk samples being taken direct from the farms as distinct from incoming churns at the pasteurising plants.



Of a total of one thousand one hundred and forty-nine milk samples submitted for biological examination from wholesaler and producer/retailer herds eight hundred and sixty-seven proved negative, twenty-three were positive and two hundred and fifty-nine examinations were inconclusive due to the premature death of the guinea pigs. The high number of premature deaths of guinea pigs was found to be due to an infection at the laboratory and the biological examination of samples was suspended for a time pending measures to remove the infection and introduce new guinea pigs.

One thousand one hundred and twenty-two bulk samples were submitted to the Ipswich public health laboratory for ring test examinations. Fifty-eight, all from wholesaler herds gave a positive result and the following table shows the comparison between these results and the further examination of the samples by the direct culture and biological methods.

Ring test results (Ipswich lab.)		Direct culture results (Ipswich lab.)			Biological results (Norwich lab.)			
No. of samples		+ve	—ve	Not examined	+ve	—ve	GPDP*	Not examined
+	23	—	—	23	5	8	2	8
++	23	—	19	4	2	3	5	13
+++	12	—	10	2	1	3	—	8

\*Guinea pig died prematurely

The policy of this department is continued reliance only on biological examination results which show the presence of an active brucella organism before imposing restrictions on the consumption of raw milk.

(e) Antibiotics in Milk

One thousand one hundred and twenty-two herd bulk samples were submitted to the Ipswich public health laboratory for examination. None was found to contain inhibitory substances.

Food Inspections

Fifty-four inspections were made by the county public health inspectors at county homes and children’s homes and, to comply with the Food Hygiene Regulations, it was necessary only to refer for attention the following minor items at three establishments:

- The provision of an incinerator for waste disposal to allay a fly nuisance.
- Treatment of flaking ceiling in a foodstore.
- Replacement of stoneware sinks and wooden draining boards with stainless steel units.

Ice Cream

During the year the public health inspectors of ten of the twenty-seven local authorities in the county submitted one hundred and seventy-three samples of ice cream of which one hundred and fifty-six were found to be satisfactory on examination. One hundred and forty-five of the samples related to ice cream produced by the large national manufacturers and six gave a Grade II result. The remainder were satisfactory. Of the twenty-eight samples submitted from local manufacturers seventeen were satisfactory with a Grade I result, two were Grade II, five were Grade III and four were Grade IV.

**Planning Applications**

During the year twenty-eight planning applications were referred to the department for observations which were given after due investigations on site and, where applicable, with officers of the local authorities. The county public health inspector has also given observations at site meetings with officers and members of the county planning committee and the local authorities.

**Refuse Disposal**

All but two of the county district councils dispose of household and trade refuse by tipping and while in some cases fully controlled systems were carried out in others this was not possible generally on economic grounds with the resultant hazards of tip fires, rat and fly nuisances and littering of the countryside. Indiscriminate tipping by members of the public at local authority disposal sites, unauthorised sites and at laybys continued to be a source of nuisance during the year.

Two county district councils convey household refuse to a pulverising plant in East Suffolk and a third installed and put into operation its own plant during the year.

The dumping of liquid and solid toxic wastes at one privately owned tip in the county gave rise to a countywide investigation particularly from the viewpoint of possible contamination of the underground water from which most of the county's water supplies are derived. It is anticipated that from subsequent meetings between officers of the County Council, the rivers authorities and water boards and the Department of the Environment a policy to control the disposal of these wastes will be evolved.

**Night Soil Disposal**

As the result of complaints received the Department of the Environment and the County Council became concerned with a rural district council to investigate that council's non-provision of a night soil collection scheme. The investigations were continuing at the end of the year.

**Swimming Pools**

Information relating to the department's work at school swimming pools is contained in my separate report as principal school medical officer. The county public health inspectors liaised with officers of county district councils in respect of private pools at holiday camps and caravan sites, etc.

**Housing and Sanitary Complaints**

During the year the following complaints were received in the department and, where necessary, were referred to the appropriate county district councils for investigation:

Sewerage and sewage disposal	..	..	..	..	..	..	5
Drainage	..	..	..	..	..	..	6
Damp housing	..	..	..	..	..	..	2
Other housing complaints	..	..	..	..	..	..	9
Nuisance from rats	..	..	..	..	..	..	1
Nuisance from refuse tips	..	..	..	..	..	..	1
Water supplies	..	..	..	..	..	..	1
General complaints	..	..	..	..	..	..	11



## Health Education

During the year the county public health inspectors have continued talks to school meals personnel, hospital staff, school children and other bodies on matters associated with environmental health and food hygiene.

## New Housing

The following table shows the number of new permanent dwellings completed during the year and is taken from the local housing statistics issued by the Ministry of Housing and Local Government.

**Permanent dwellings completed during 1971**

Local Authority Area	Local Authorities	Private Owners	Total
<b>MUNICIPAL BOROUGHES</b>			
King's Lynn .. .. .	61	88	149
Thetford .. .. .	170	60	230
<b>URBAN DISTRICTS</b>			
Cromer .. .. .	—	36	36
Diss .. .. .	—	27	27
Downham Market .. .. .	12	72	84
East Dereham .. .. .	14	78	92
Hunstanton .. .. .	—	24	24
North Walsham .. .. .	28	77	105
Sheringham .. .. .	12	77	89
Swaffham .. .. .	15	24	39
Wells-next-the-Sea .. .. .	—	21	21
Wymondham .. .. .	13	75	88
<b>RURAL DISTRICTS</b>			
Blofield and Flegg .. .. .	29	358	387
Depwade .. .. .	36	327	363
Docking .. .. .	14	130	144
Downham .. .. .	51	103	154
Erpingham .. .. .	28	132	160
Forehoe and Henstead .. .. .	36	244	280
Freebridge Lynn .. .. .	10	125	135
Loddon .. .. .	35	99	134
Marshland .. .. .	32	111	143
Mitford and Launditch .. .. .	14	153	167
St. Faith's and Aylsham .. .. .	26	704	730
Smallburgh .. .. .	41	165	206
Swaffham .. .. .	10	173	183
Walsingham .. .. .	101	103	204
Wayland .. .. .	42	339	381
<b>TOTALS .. .. .</b>	<b>830</b>	<b>3,925</b>	<b>4,755</b>

XIV. MISCELLANEOUS

Registration of Nursing Homes

	Number of Homes	Number of beds provided		
		Maternity	Other	Totals
Homes first registered during year .. .. .	—	—	—	—
Homes whose registrations were withdrawn during year	2	—	33	33
Homes on the register at end of year .. .. .	17	4	292	296

The senior medical officer and director of nursing services continued to maintain regular supervision of nursing homes during the year. Every effort was made to encourage the gradual improvement in the standards of service and accommodation, as well as safety, in the homes which furnish a valuable service to the community.

During the year it was necessary to cancel the registration of two nursing homes who felt unable to maintain the standards required by existing regulations.

Laboratory Examinations

The Norwich public health laboratory continued to provide facilities for the examination of specimens submitted by the general medical practitioners for the diagnosis of infectious diseases and for those sent by the County Council's medical staff in connection with prevention and control of infectious diseases and the examination of staff for superannuation and other purposes.

The following samples were submitted by the department's staff and by the public health inspectors of the county district councils:

Water (bacteriological examination) .. .. .	223
Milk (bulk samples for biological examination) .. .. .	1,149
Milk (individual cow samples for brucella abortus examination) .. .. .	21
Milk (methylene blue examination) .. .. .	1,795
Milk (phosphatase examination) .. .. .	1,827
Milk (turbidity examination) .. .. .	80
Milk (antibiotics examination—Ipswich laboratory) .. .. .	1,122
Milk (ring test examinations—Ipswich laboratory) .. .. .	1,122

Samples submitted by county district councils' public health inspectors and water boards:

Ice cream (methylene blue examination) .. .. .	173
Water (bacteriological examination) .. .. .	2,600

Other samples, which were submitted by County Council staff, were examined by the public analyst as follows:

Water (nitrate estimation) .. .. .	12
Other examinations .. .. .	3



Medical Examinations

The following examinations were carried out by the medical staff of the health department:

For superannuation purposes (either physical examination or clearance of medical questionnaire)	..	..	..	..	80
Candidates for entry to Norfolk Fire Service	..	..	..	..	51
Candidates for colleges of education and entrants to the teaching profession	..	..	..	..	401
School road crossing patrols (non-superannuable)	..	..	..	..	59
Allocation/commutation of part pension	..	..	..	..	2
Fire service pensioners/over 55's	..	..	..	..	14
					<hr/> 607 <hr/>

Medical questionnaires in respect of 166 canteen workers were received and, where necessary, chest X-ray and/or physical examinations arranged.

The department was consulted on medical aspects of 12 County Council employees who were no longer capable of discharging their duties and 45 cases of prolonged absences of staff through sickness.

The number of applicants for driving licences, whose fitness was in doubt, again increased due to the revised regulations concerning epilepsy and 119 cases were referred by the local taxation officer for advice.

The department gave assistance with the medical examination of 117 council employees for heavy goods vehicles drivers' licences.

South Norfolk Water Board requested medical examinations, including carrier tests, for 7 of their employees in connection with their duties with the supply of water. Other water boards have made similar arrangements with other local authorities.

The health of 36 students was investigated on behalf of Norwich City College to ascertain their fitness to undertake National Nursery Examinations Board and pre-welfare courses.

Other authorities were assisted with 21 medical examinations of prospective employees.

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